

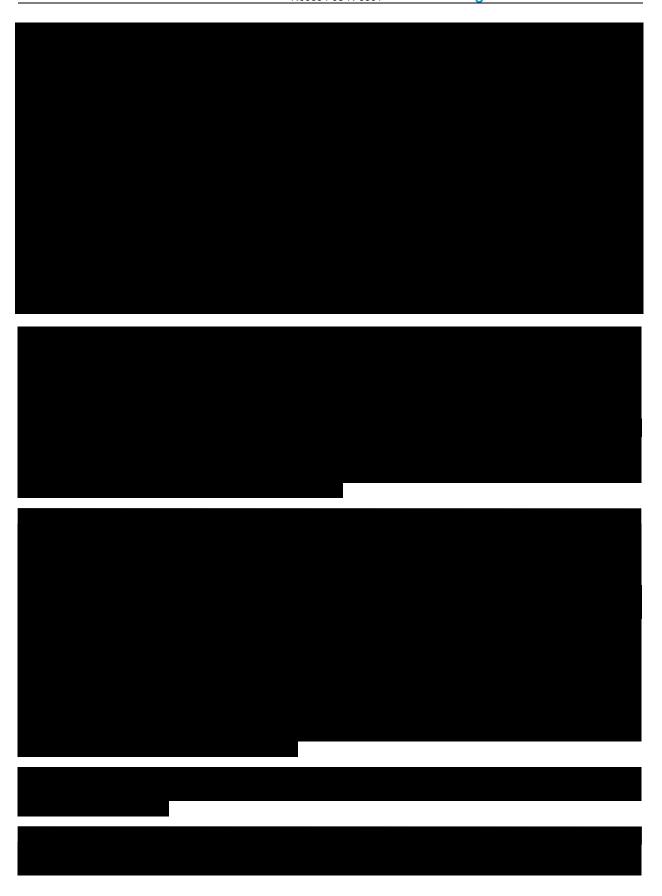
## ADDENDUM 9—PHASE-IN PLAN (RFP H.22)



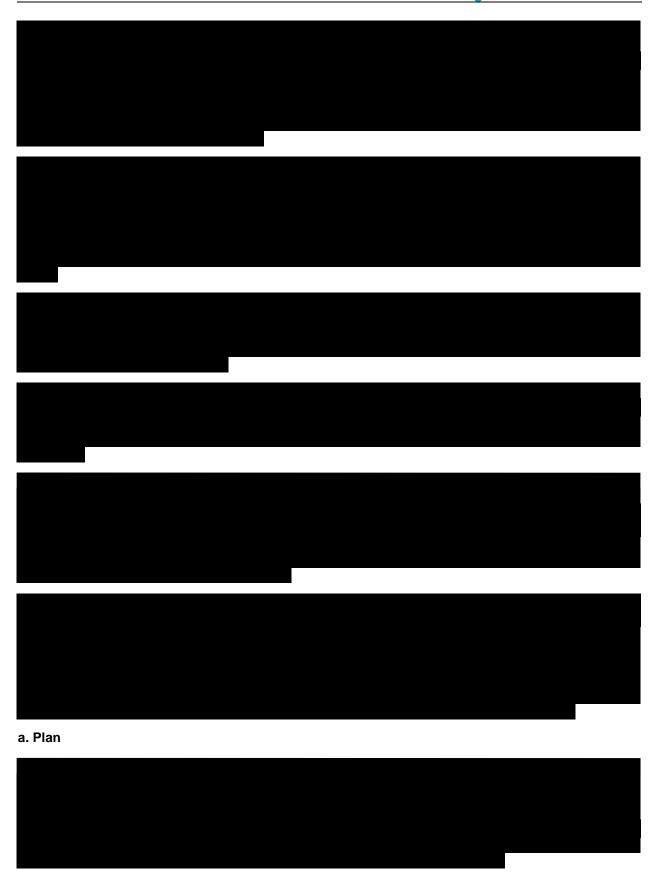










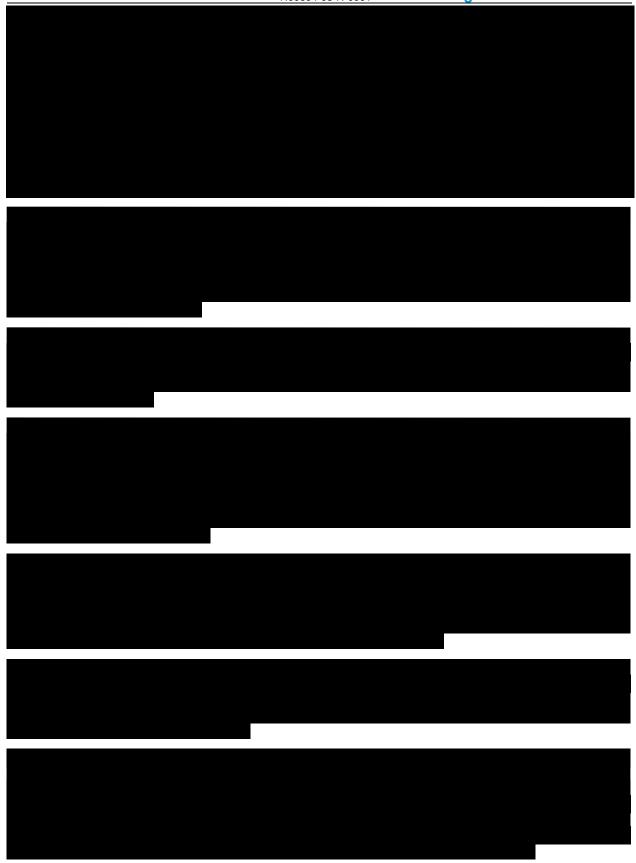




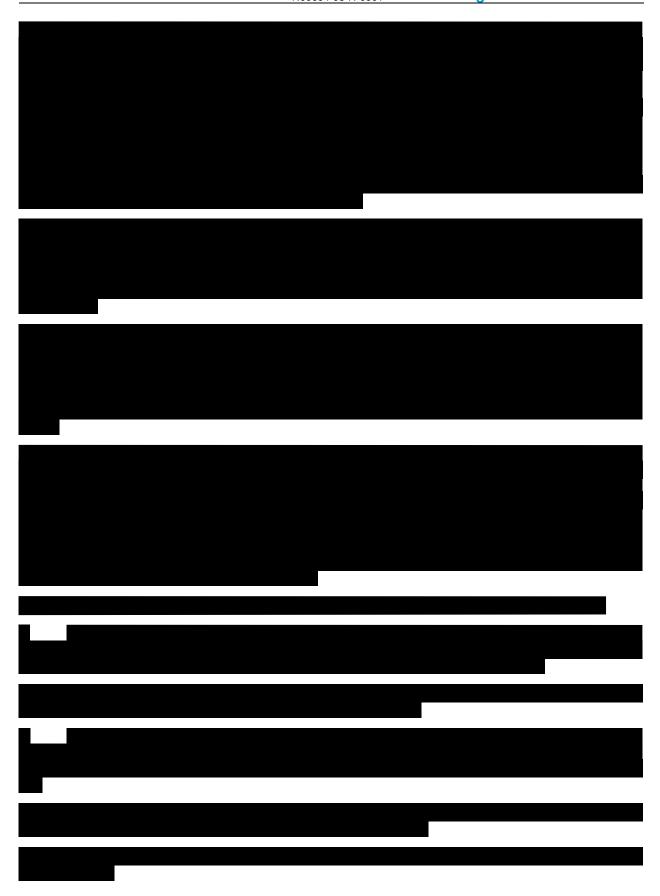




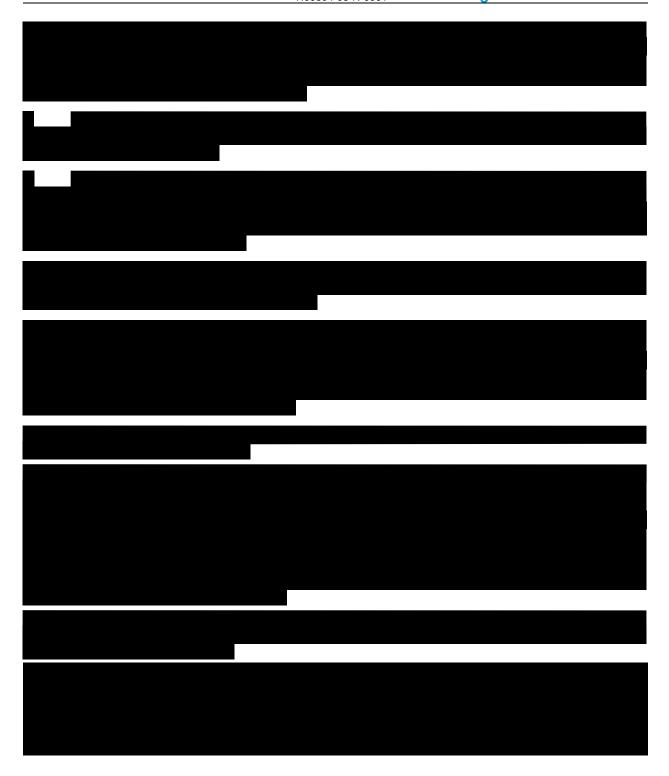




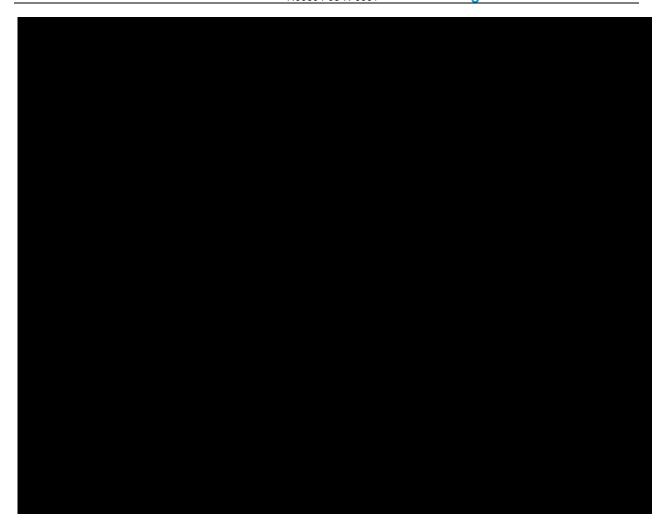






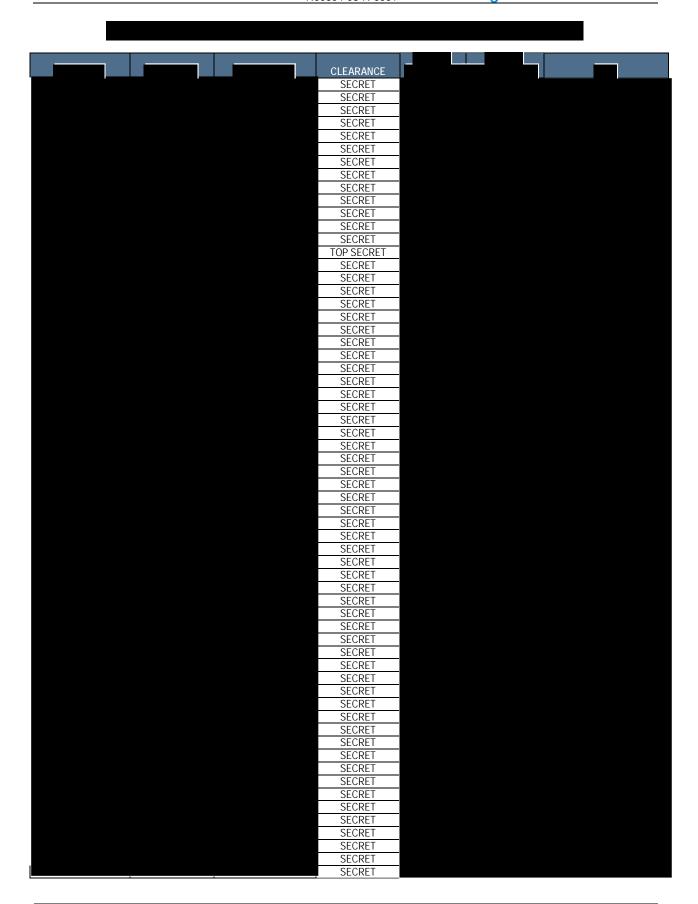














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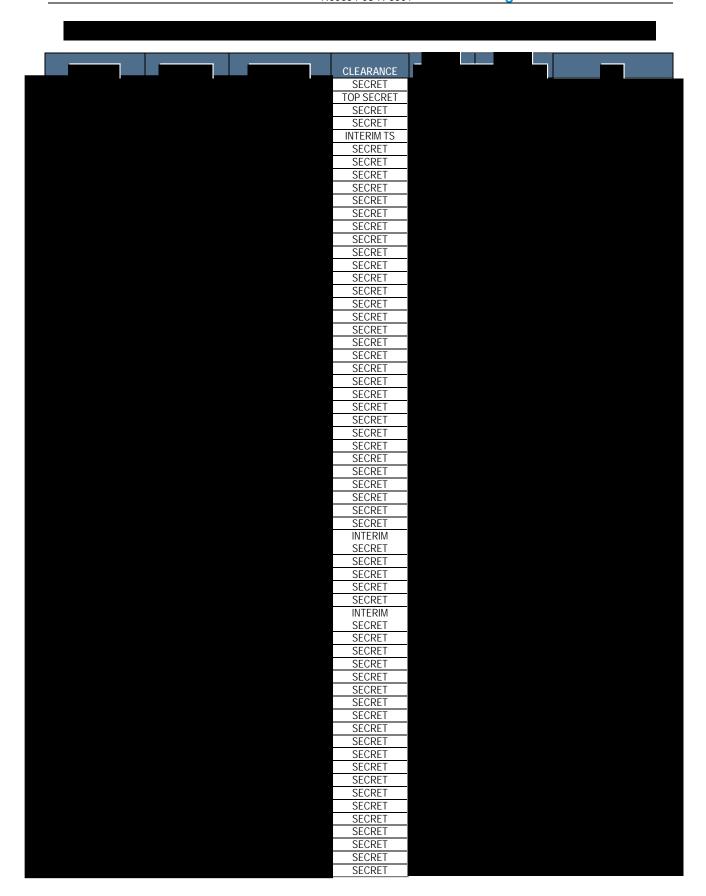


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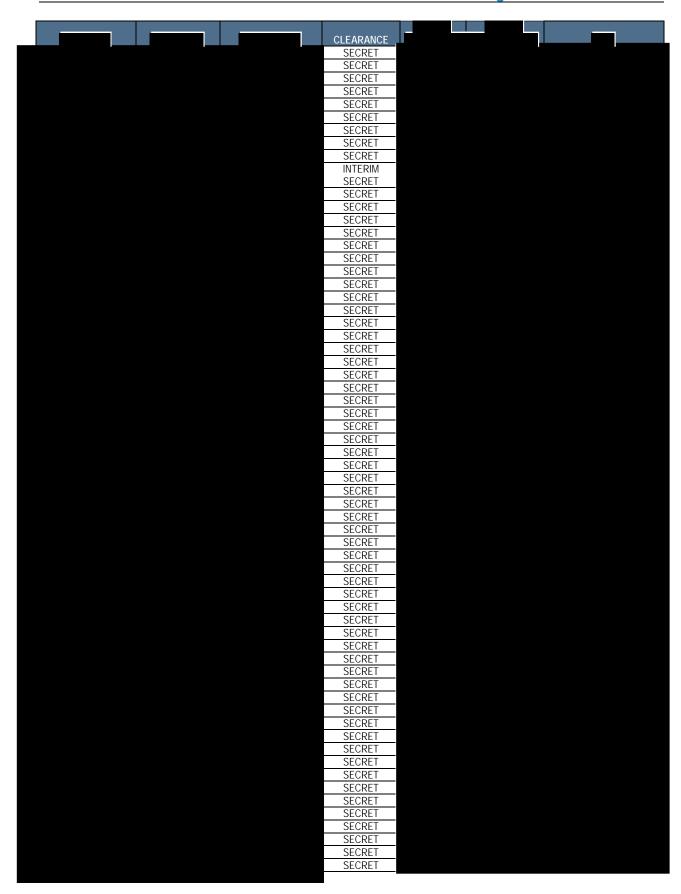


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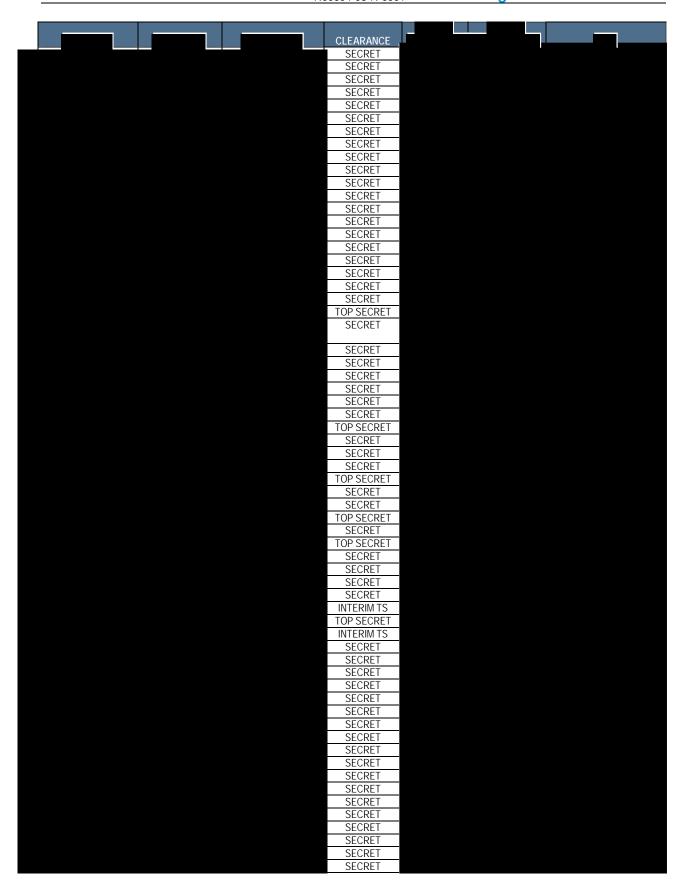






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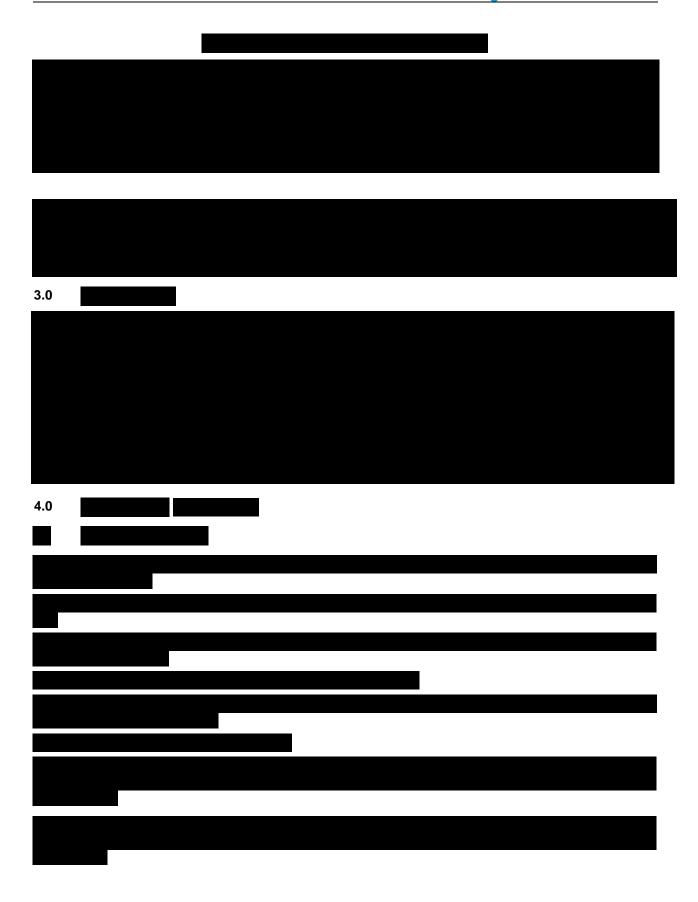


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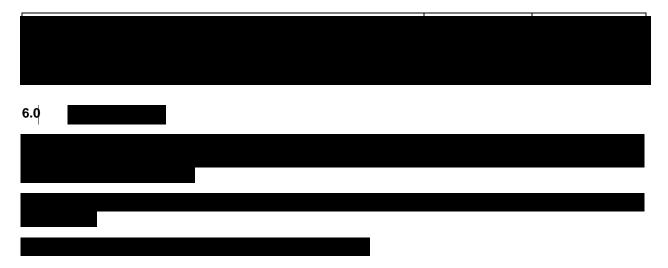


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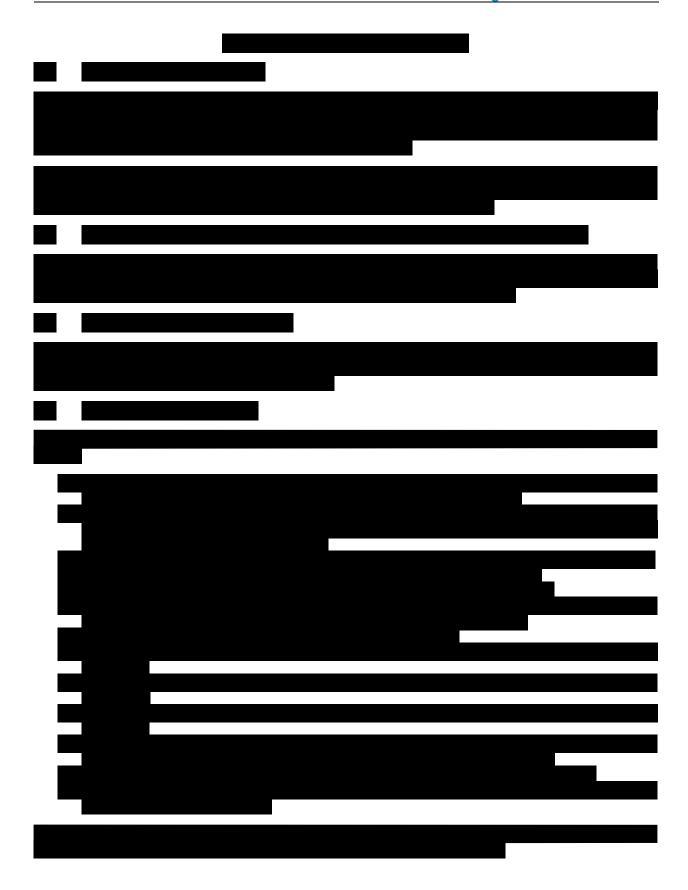








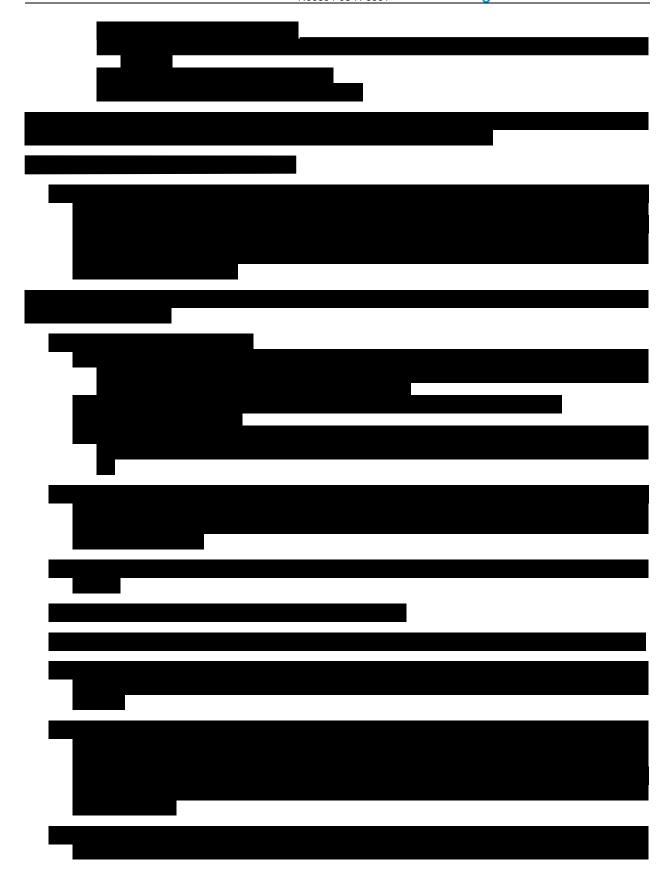








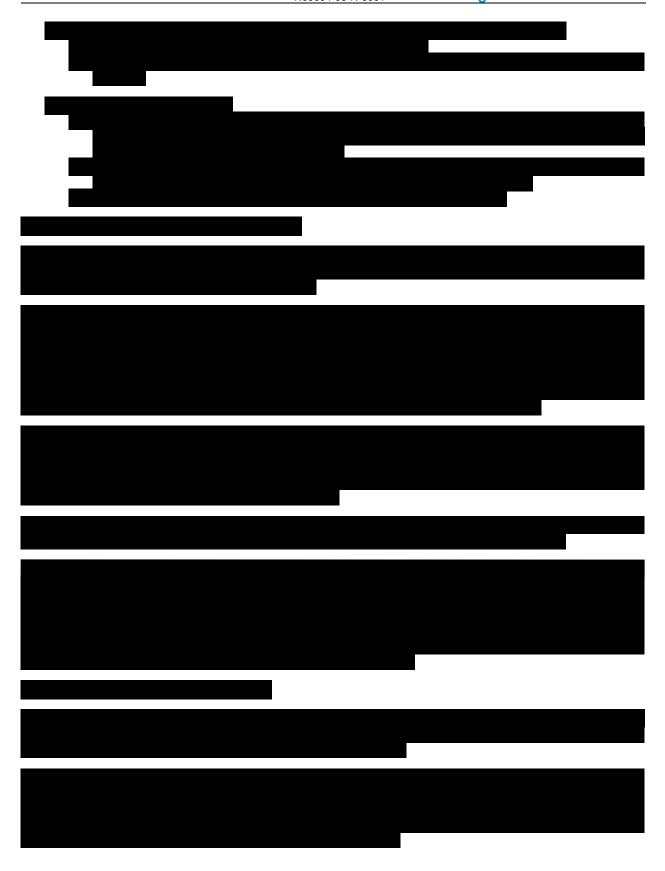




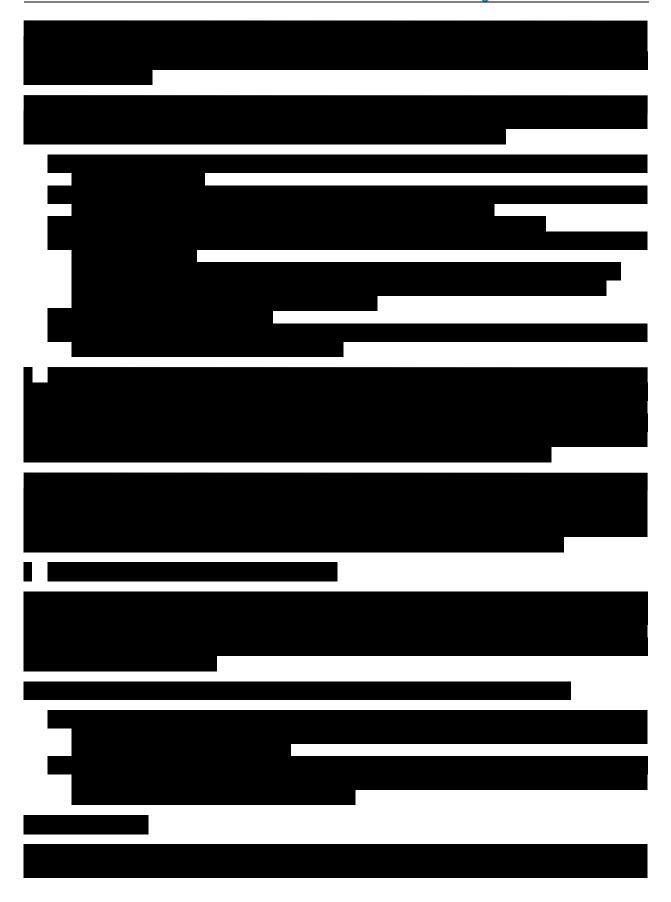




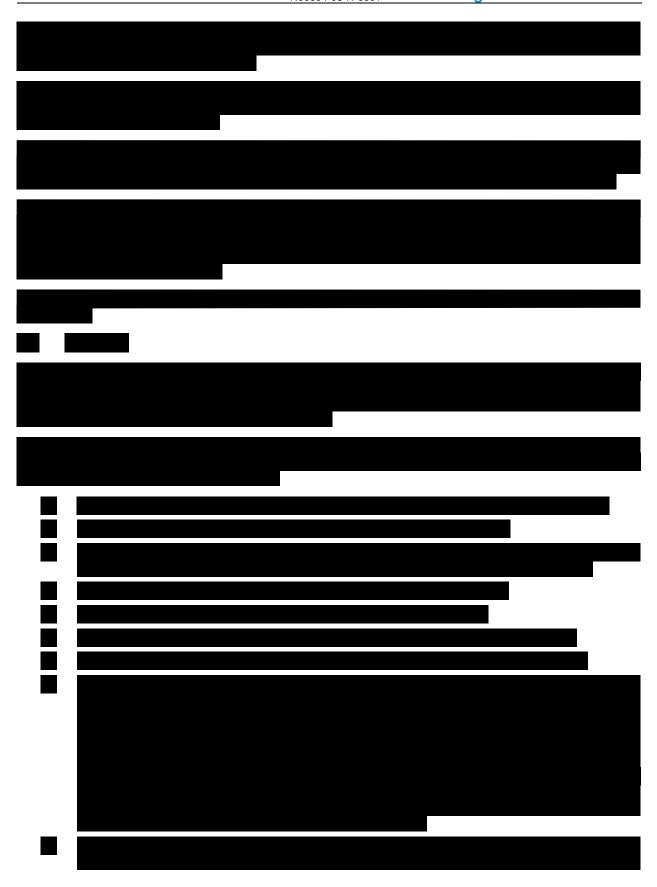




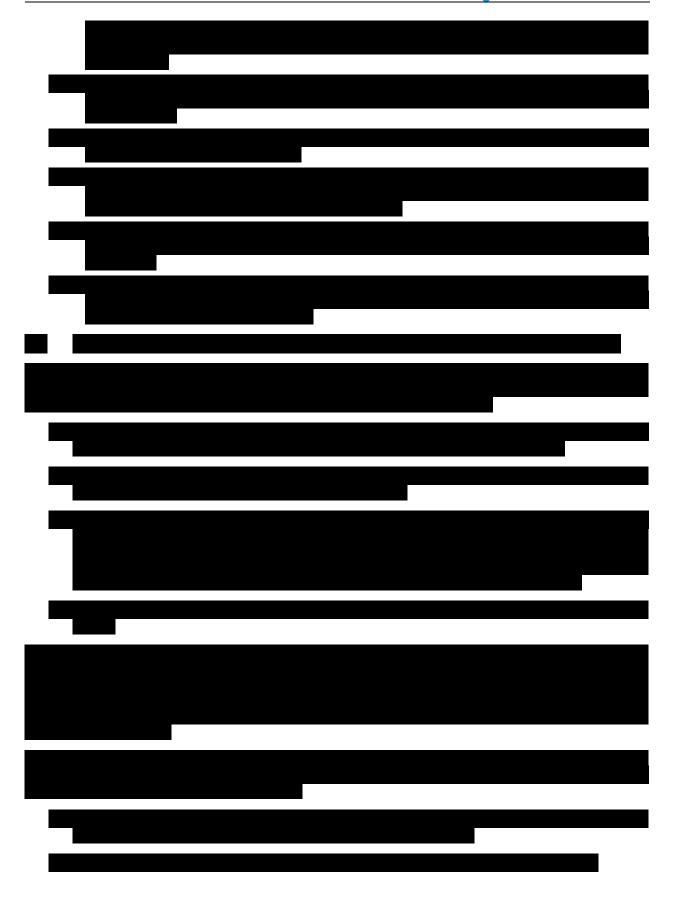




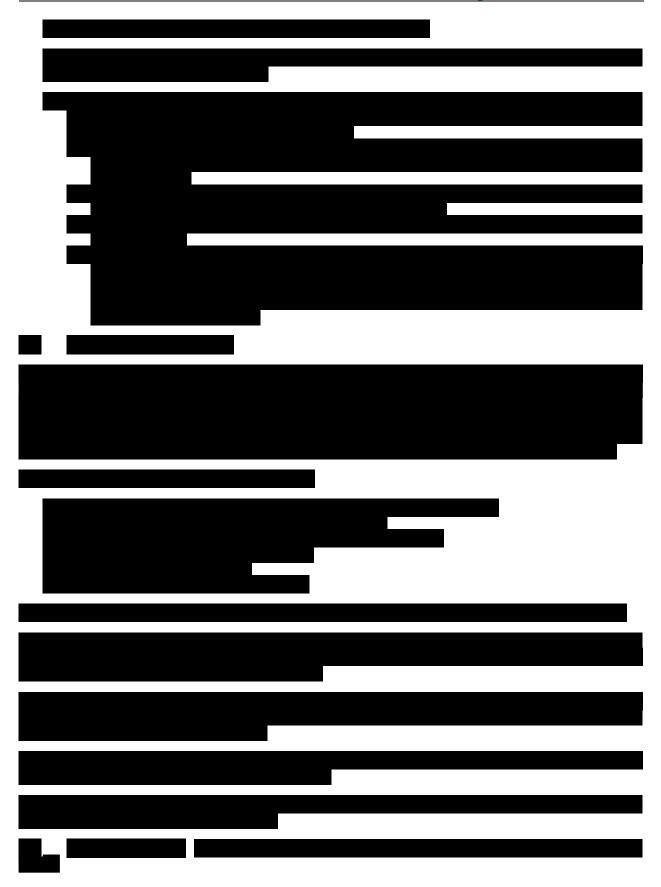




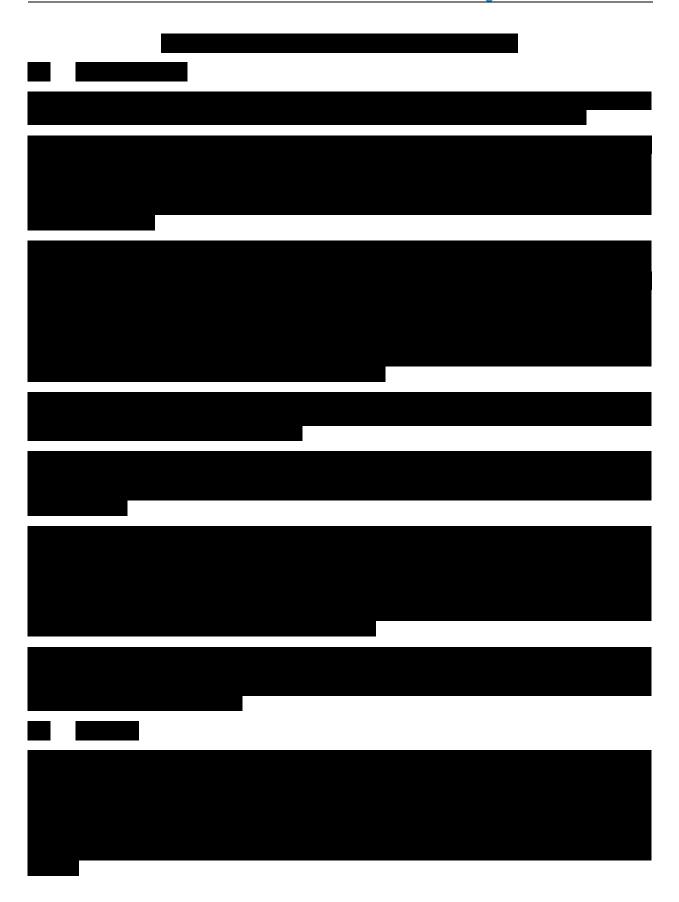




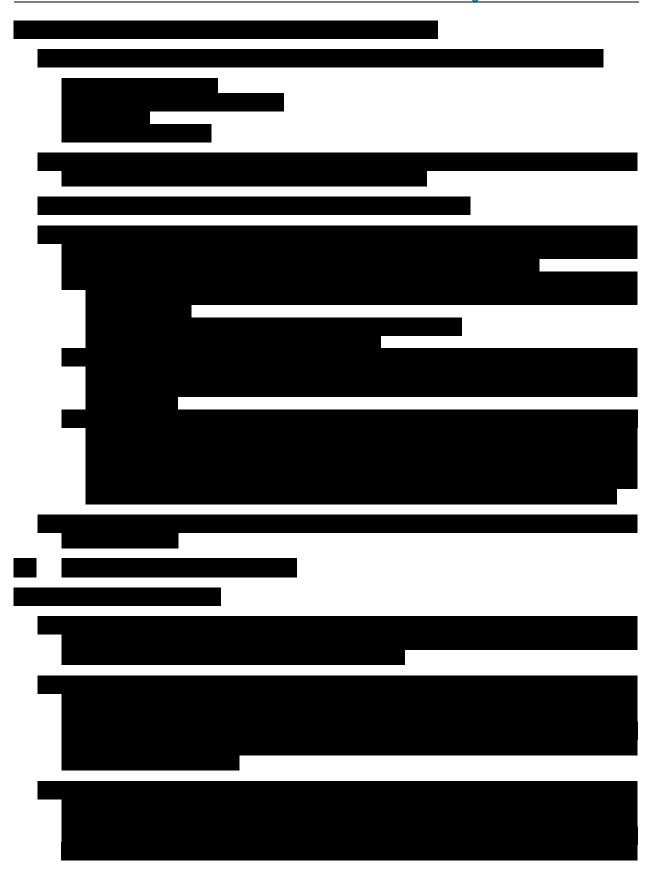














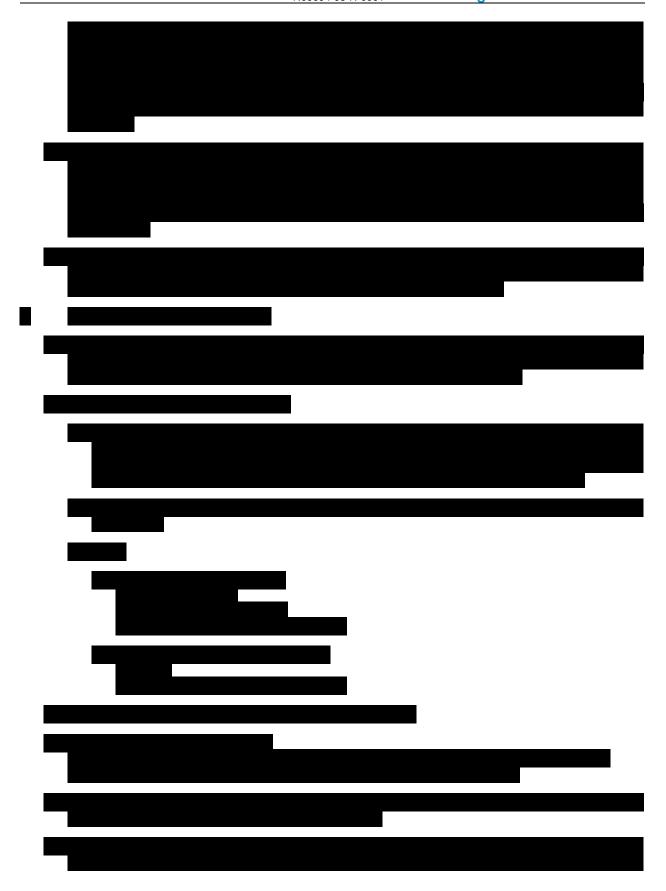




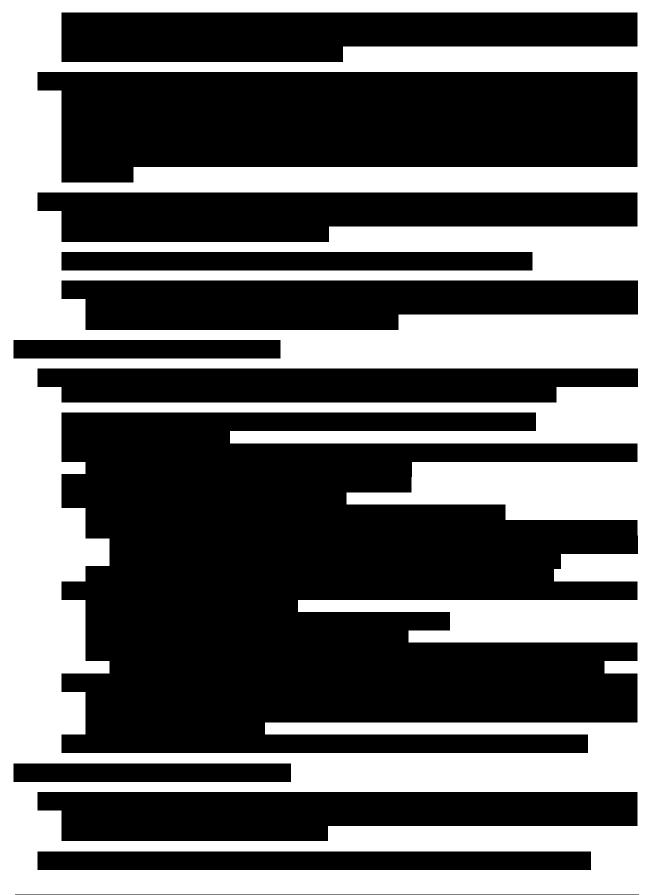












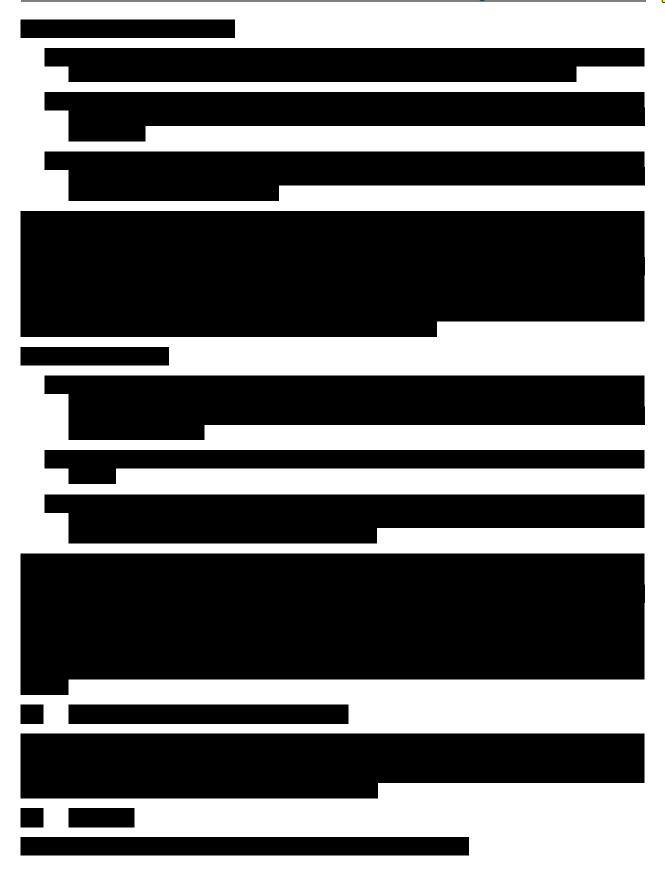




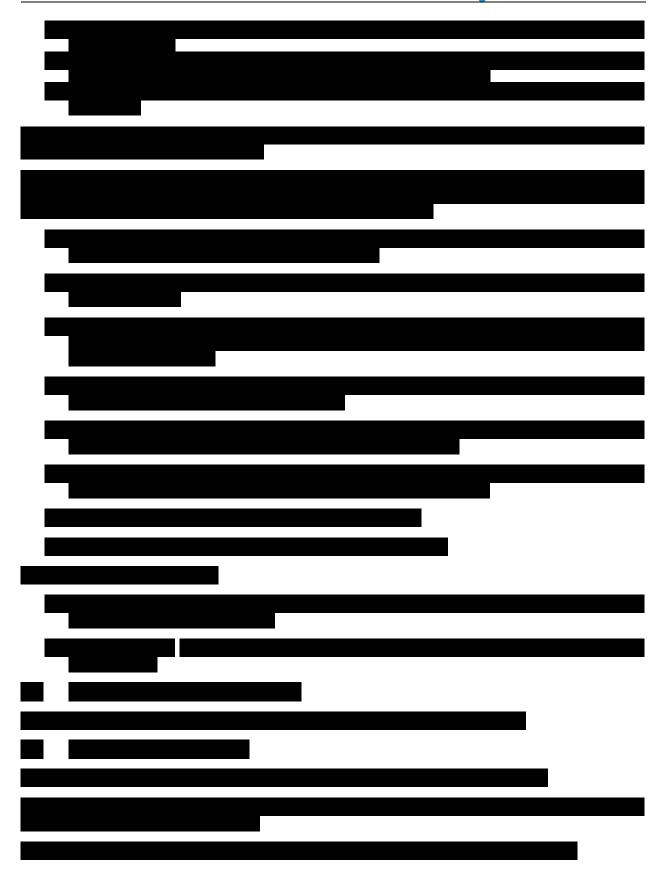




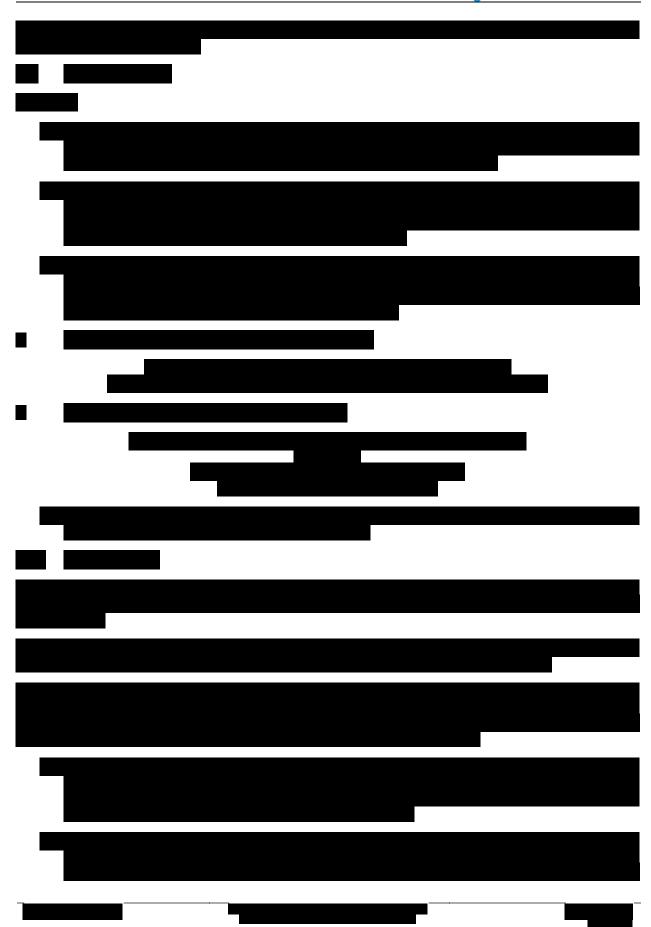
















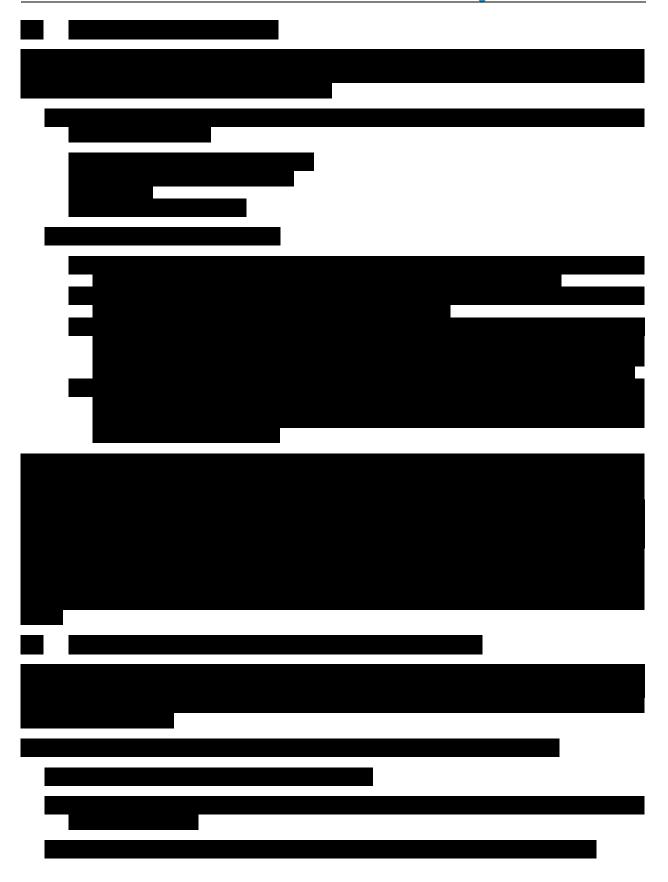




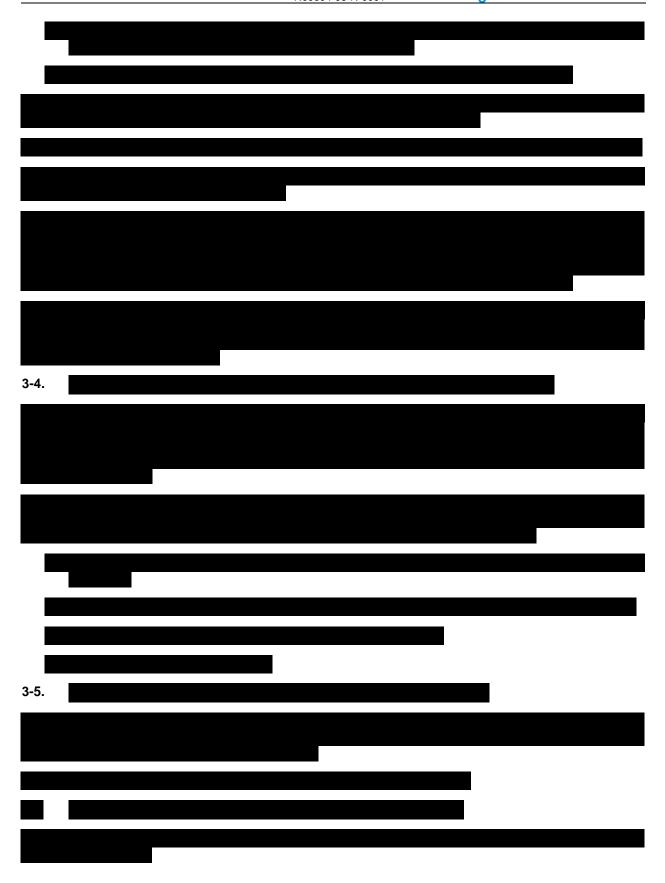




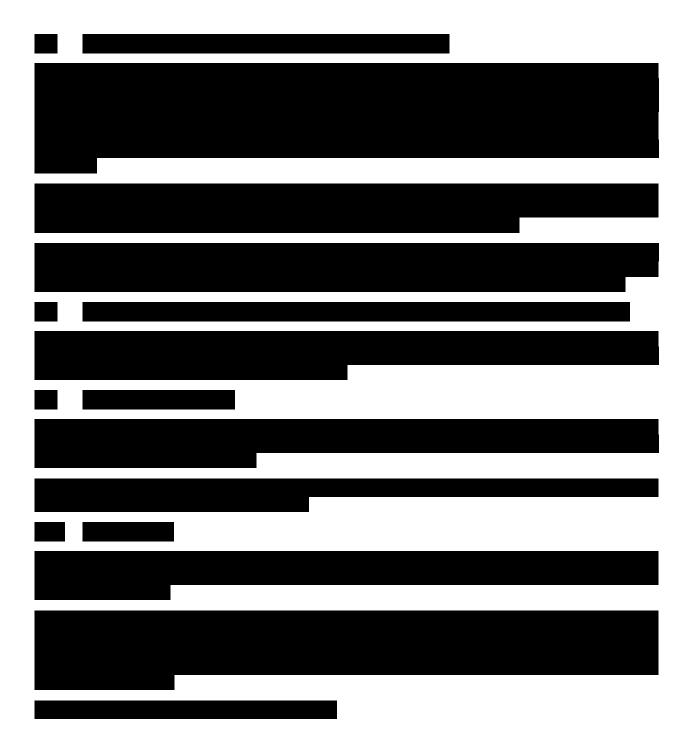




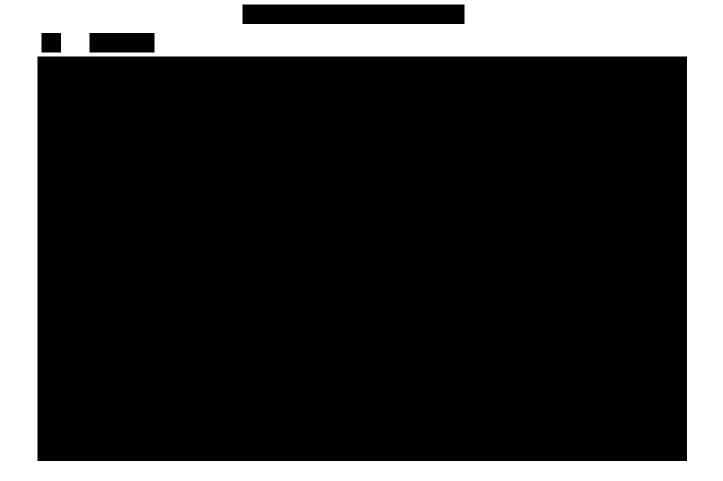




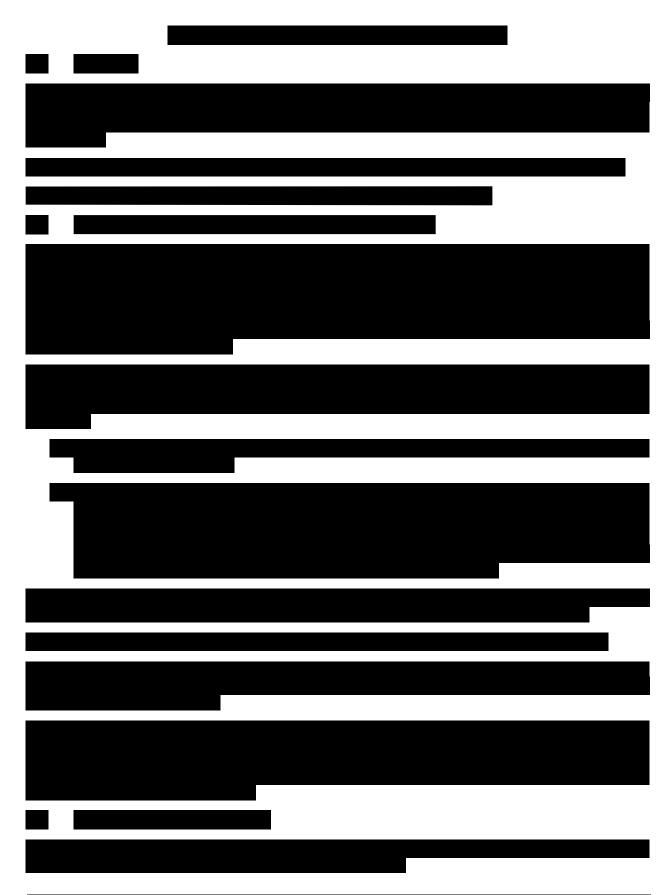






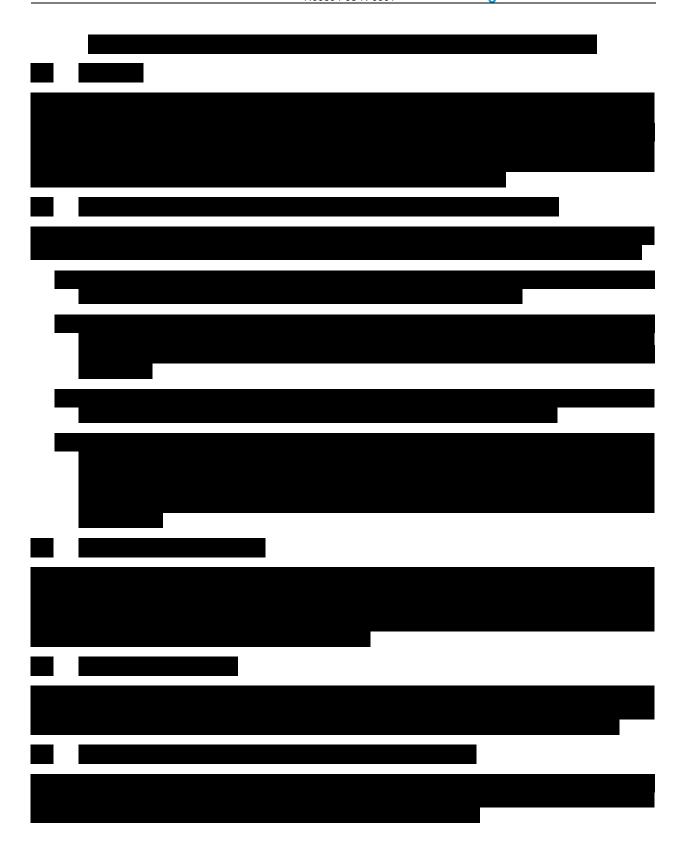




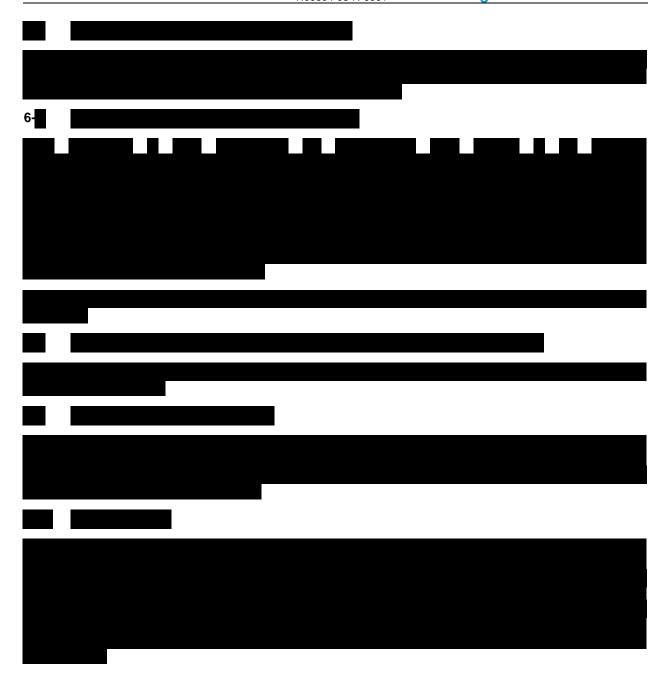










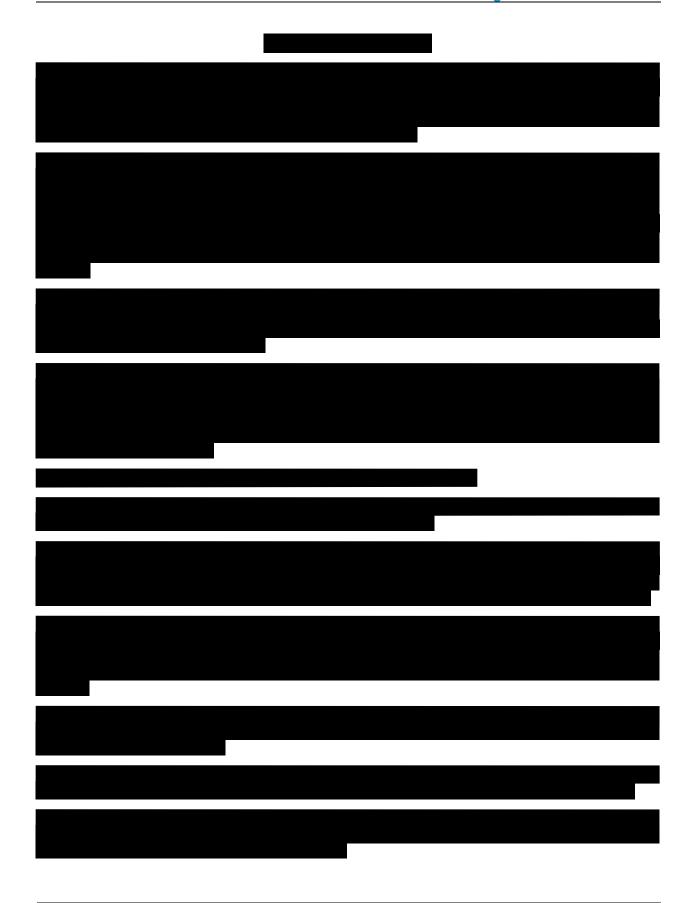








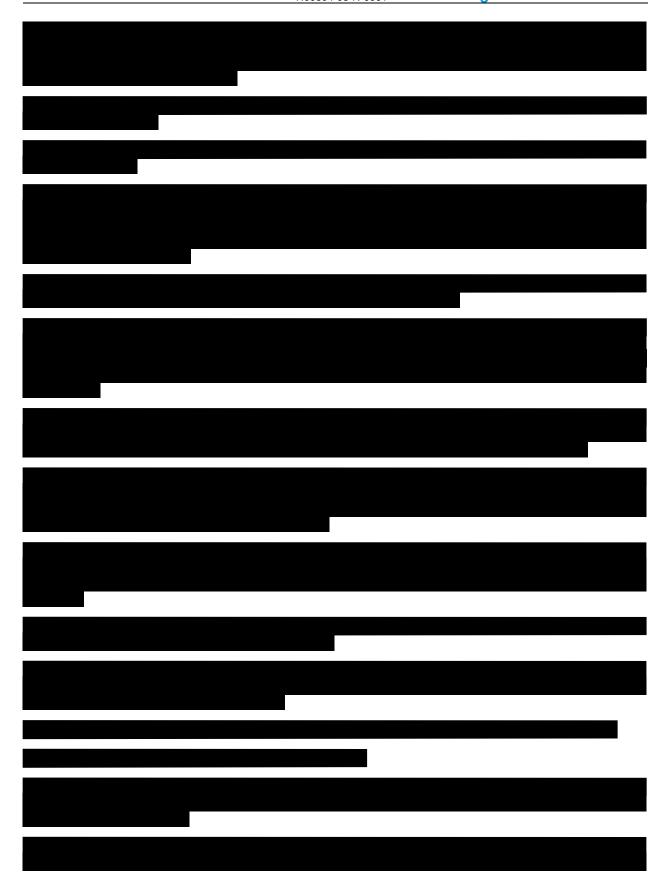




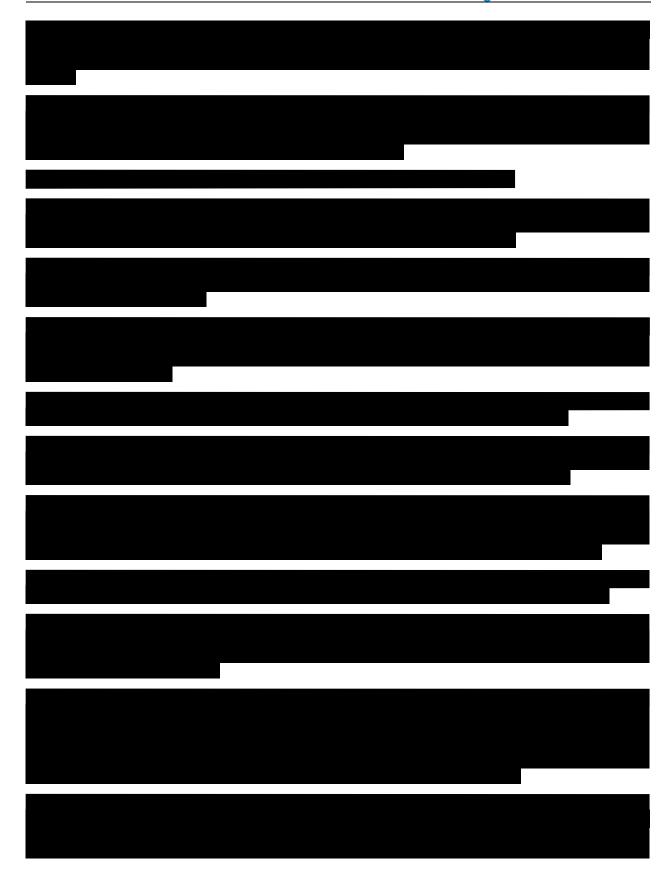




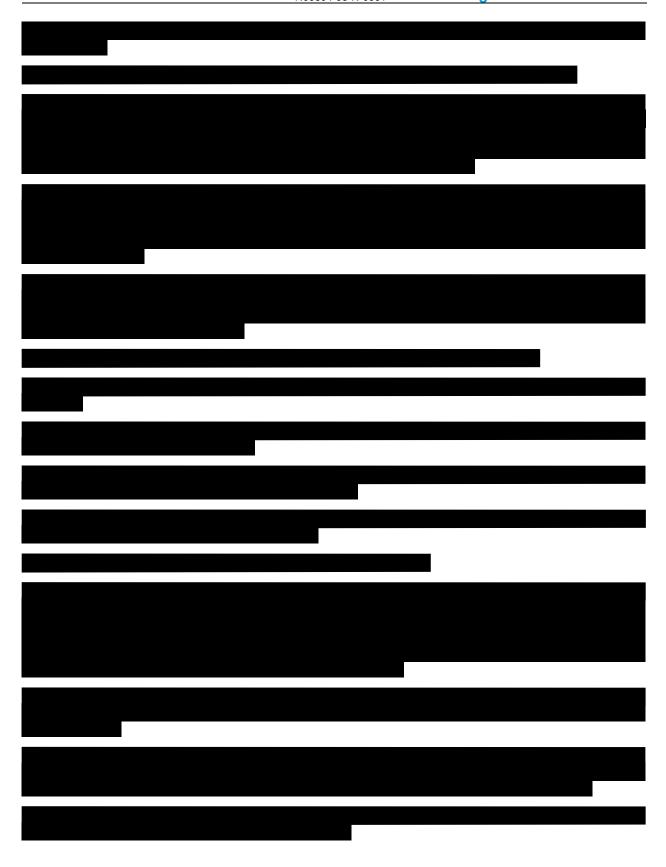








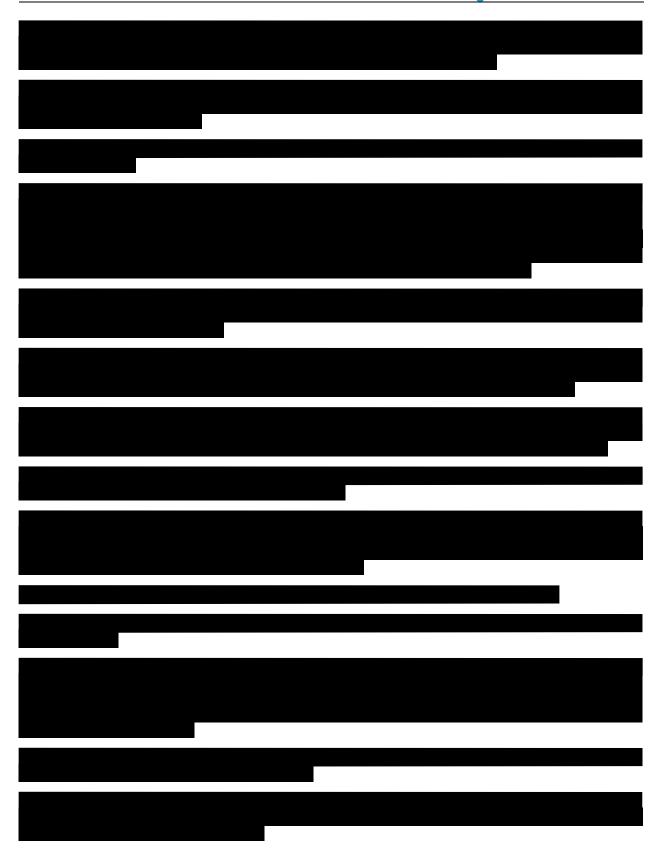




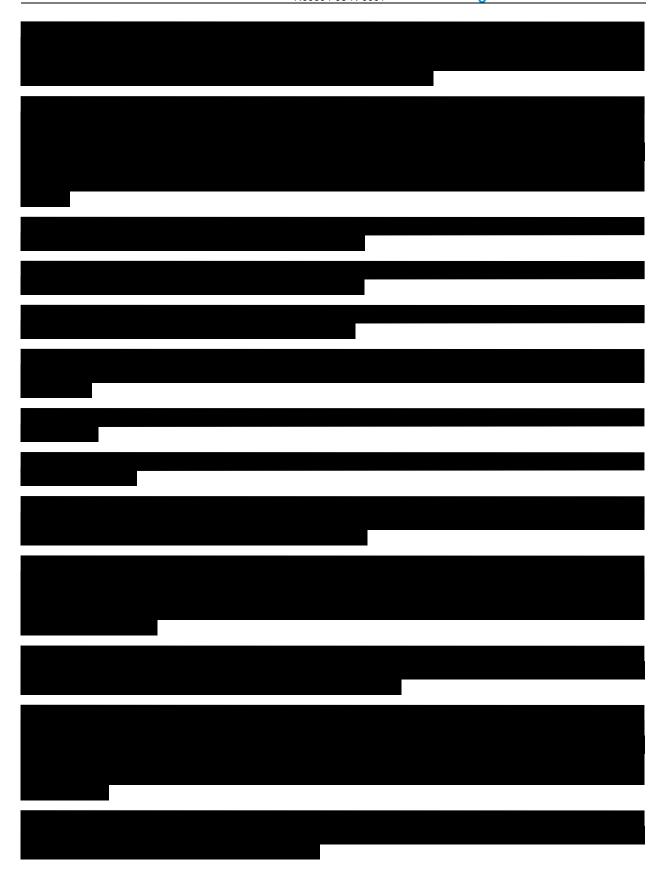




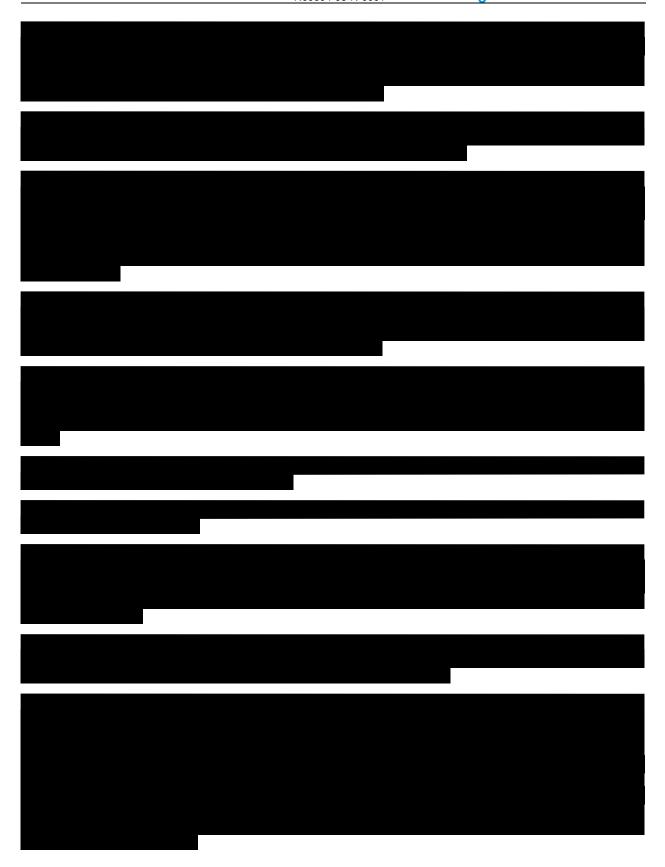












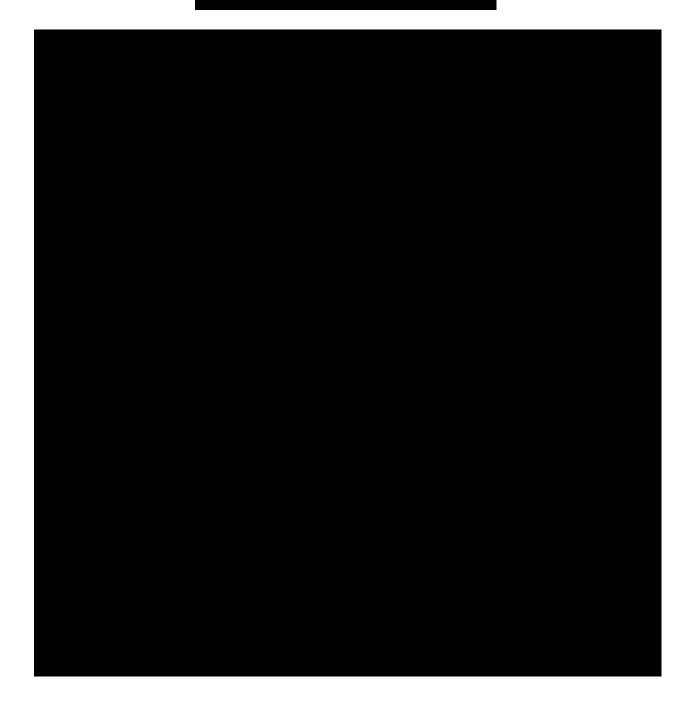




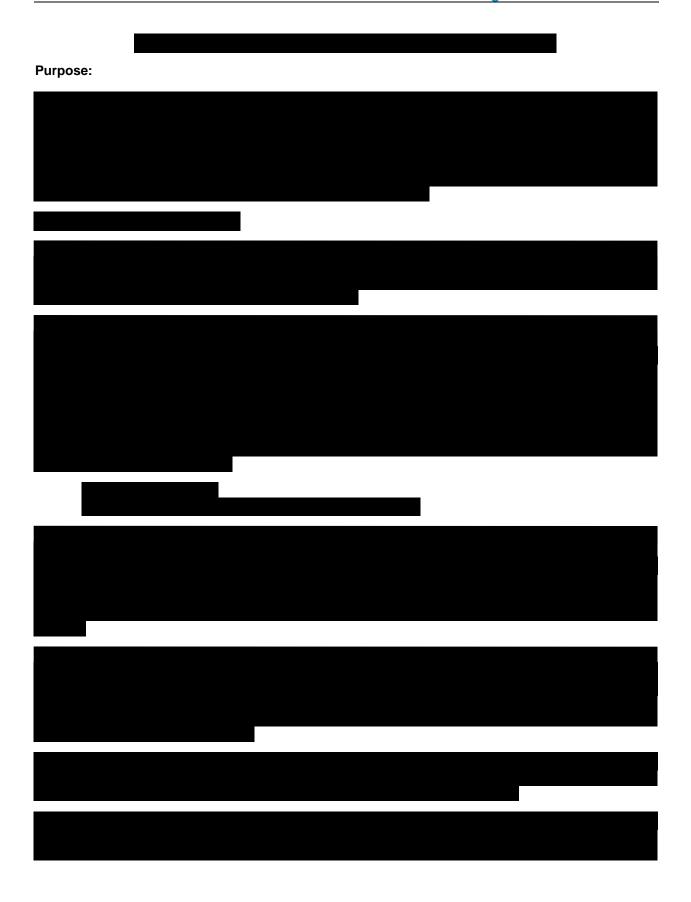








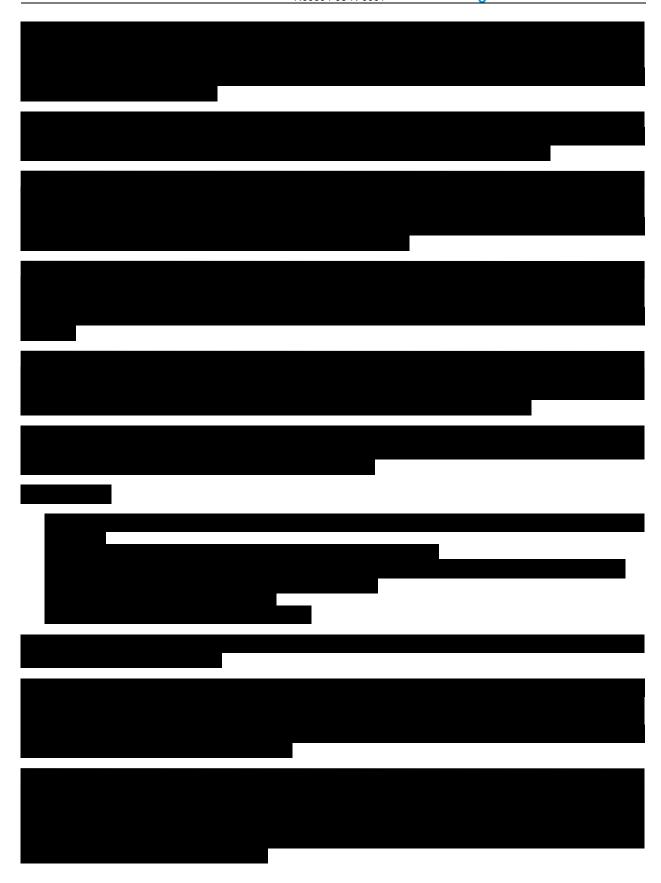




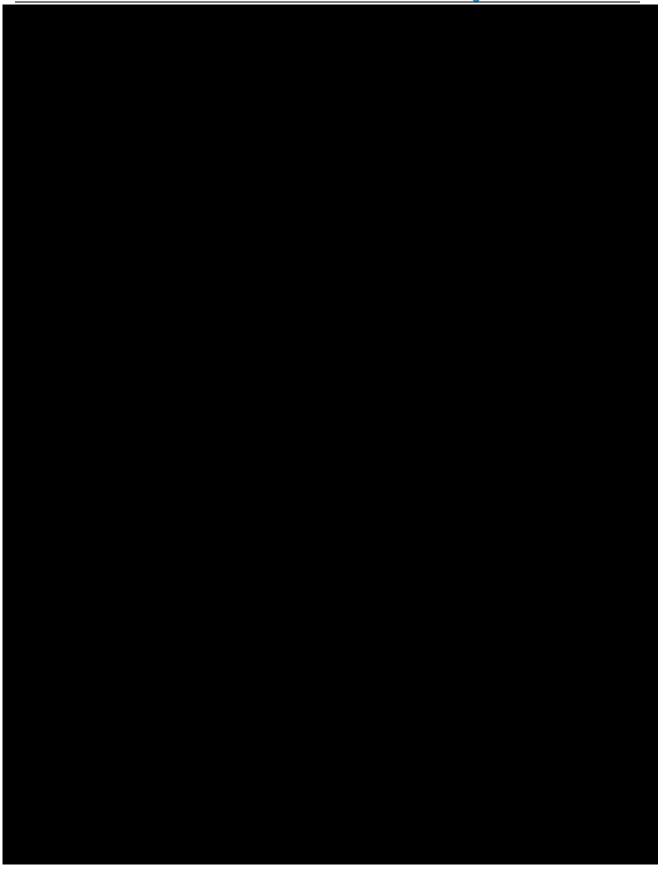




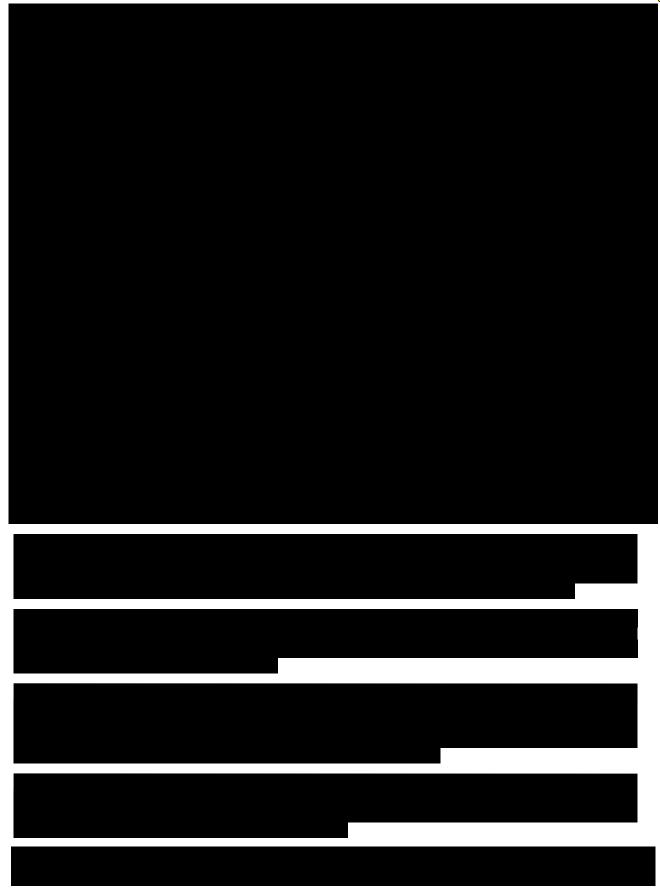










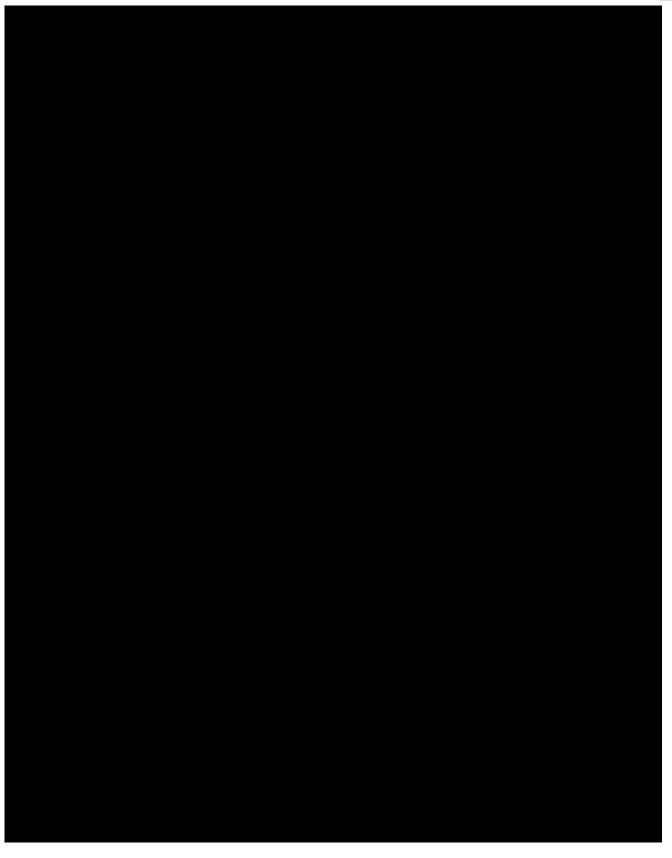




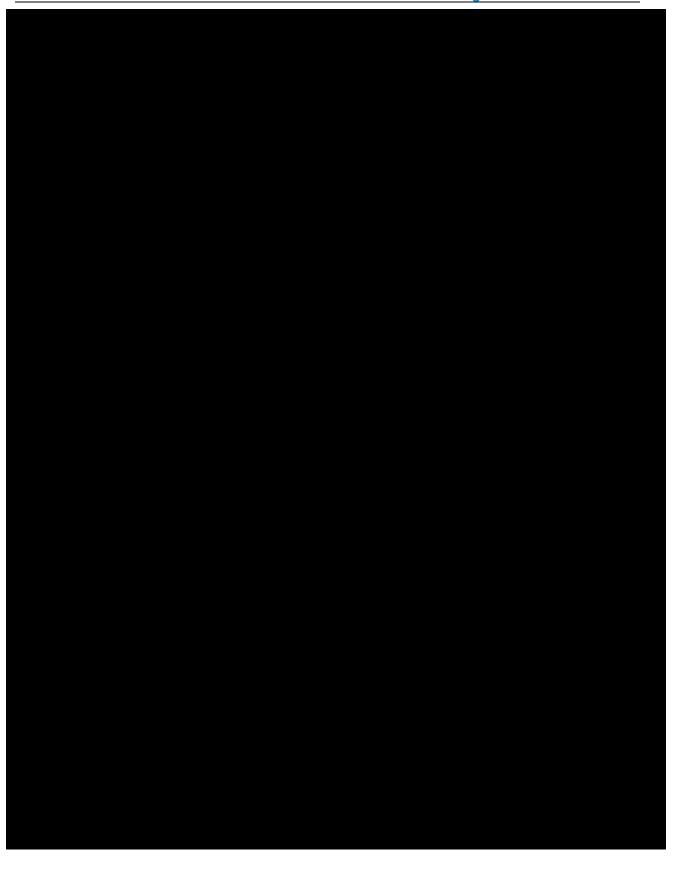






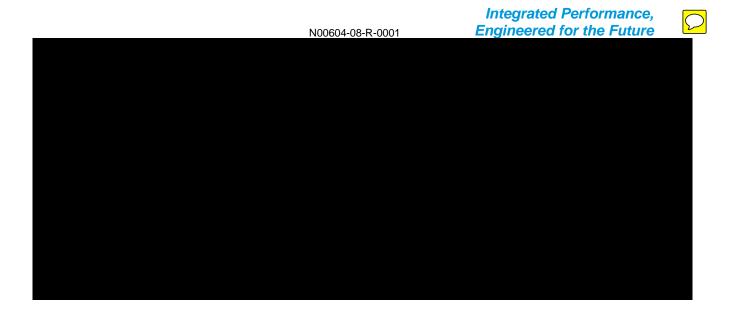








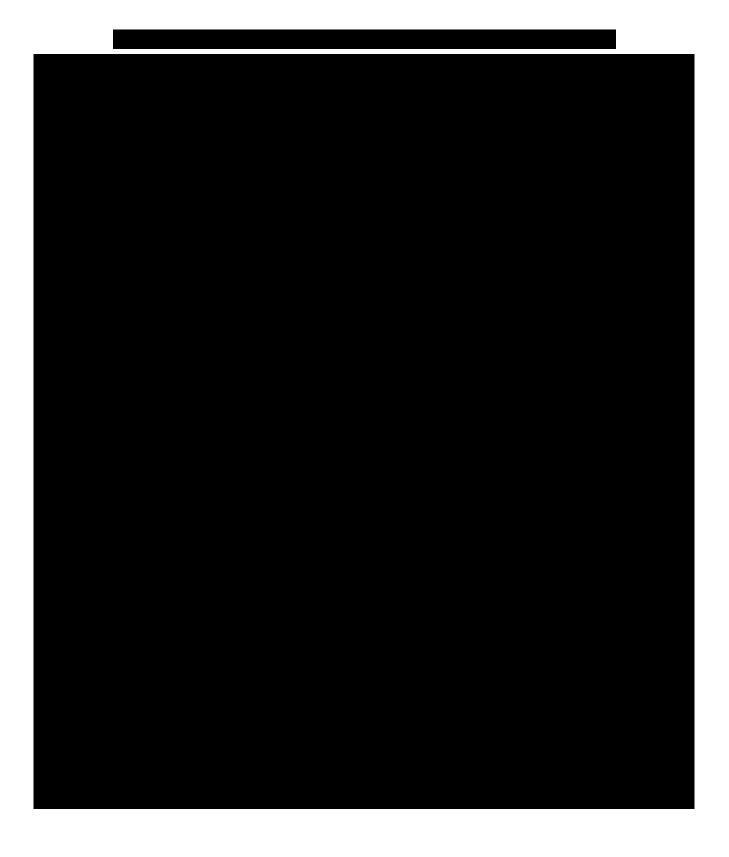














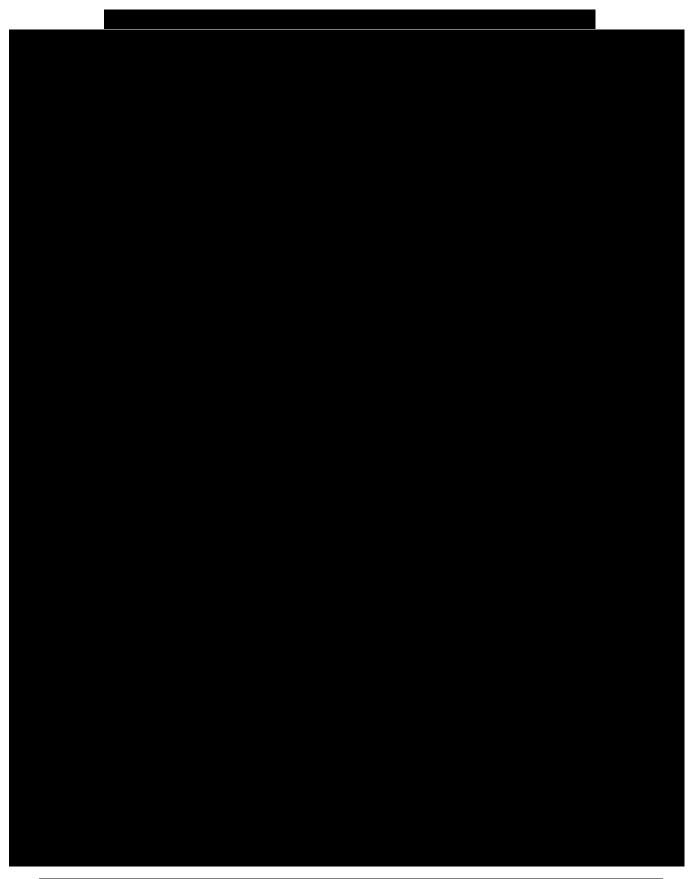




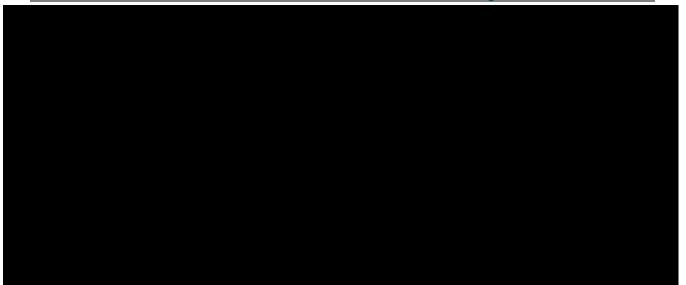
















### APPENDIX H—CLASSIFIED MATERIAL DESTRUCTION REPORT

| CLASSIFIED MA                         | TERIAL DESTRUCTION REPORT  | CLASSIFI identificati |                       |                            | when title   | or other                |
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| то:                                   |  |                       |                       |                            |  |                         |
| FROM (Name an                         | d address of activity)   | П                     |                       |                            |  |                         |
|                                       |  | ,                     |                       |                            |  |                         |
| destroyed in according the Department | d material described below has been ordance with regulations established by of the Navy Information Security ion, OPNAV INSTRUCTION 5510.1E. | a record copies m     | of destruc<br>ay be u | tion of cla<br>tilized foi | to provide acti<br>assified materi<br>r reports to<br>th reports are r | al. Also,<br>activities |
|                                       | DESCRIPTION  | OF MATER              | IAL                   |                            | T  |                         |
| SERIAL/DTG                            | ORIGINATOR   | DATE                  | CY#                   | LOG/#                      | ENCLOSURE  | # PAGES                 |
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| OFFICER OR IN DESTRUCTION             | DIVIDUAL AUTHORIZING   | DATE OF               | L<br>DESTRUC          | CTION                      |  |                         |
|                                       |  |                       |                       |                            |  |                         |
| WITNESSING O                          | FFICIAL (Signature, Rank/Rate/Grade)   | WITNESS               | ING OFFI              | CIAL (Sign                 | nature, Rank/R   | ate/Grade)              |

OPNAV 5511/12 (Rev Aug 1975)



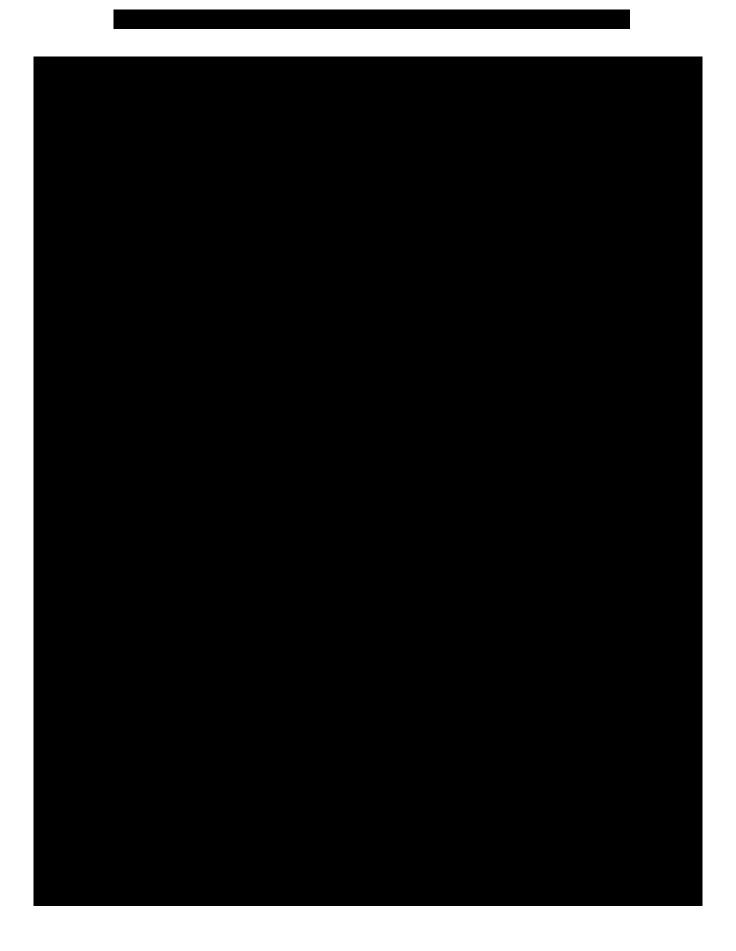


# **APPENDIX J—VISITOR REGISTER**

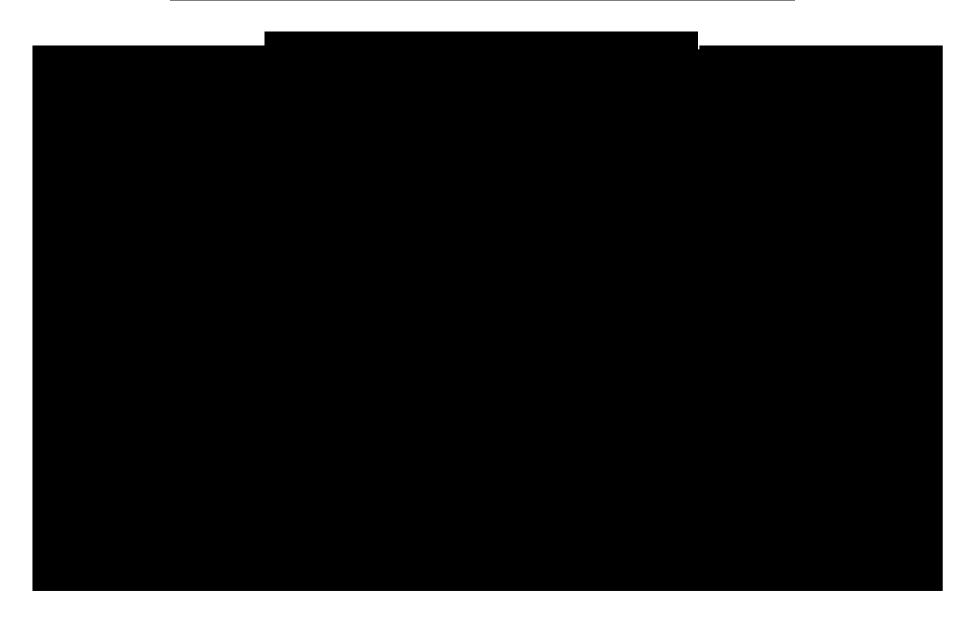
| YEAR |   |           | ISITOR REGI    |                          |   | ORGANIZATION:  |                      |  | LOCATION:                |                             |                |
|------|---|-----------|----------------|--------------------------|---|--|----------------------|--|--------------------------|-----------------------------|----------------|
|      | (THIS FOR PRINCIPAL PURPOSE individuals who are visi controlled or restricted | To reco   | rd information | e or special ar who have | USERS: Used eas, provides a visited an area | to log individuals in an<br>historical record of pe<br>, and provides informa<br>nin a certain area at a | ersonnel<br>ation on | Information and  | SSAN will preclud        | Failure to pride the Indivi | rovide the     |
| DAY  | VIS   | ITOR IDEI | NTIFICATION    |                          |   |  |                      |  |                          | TIME                        | OF             |
|      | LAST NAME AND<br>INITIALS<br>(PRINT)  | GRADE     | SSAN           | ORGANIZATION<br>OR FIRM  | PURPOSE<br>OF VISIT                         | VISITOR<br>SIGNATURE   | ESCOI<br>AUTH        | SNATURE OF<br>RT OR OFFICER<br>IORIZING VISIT<br>APPLICABLE) | ESCORT'S<br>NAME (PRINT) | ARRIVAL                     | DEPAR-<br>TURE |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |
|      |   |           |                |                          |   |  |                      |  |                          |                             |                |

OPS Form-004 (7/12/00)









### APPENDIX M—ACTIVITY SECURITY CHECKLIST

| ACTIVITY SECURITY   | СН | ECK  | LIS  | т   |       |        | DIV    | ISIO | N/BR     | ANC   | H/     | TICI | E      |       |       |       |      |             |      |      | ROC   | N MC  | UMB   | ER    |       | МО   | NTH    | AN    | YEA  | R   |    |
|---|----|------|------|-----|-------|--------|--------|------|----------|-------|--------|------|--------|-------|-------|-------|------|-------------|------|------|-------|-------|-------|-------|-------|------|--------|-------|------|-----|----|
| rregularities discovered will be promptl<br>nated Security Office for corrective acti   |    | orte | d to | the | desig | -      |        |      | I hav    | ve co | ndu    | cted | a sec  | urity | / ins | pecti | on o | 1. margaret | atem | 1000 | ea ar | nd ch | necki | ed al | I the | item | ns lis | ted b | elow | , . |    |
| O (If required)   |    |      |      | FRO | ом п  | f requ | uired) |      | 13104.70 |       | Wester |      | 35,000 |       |       |       |      | ROUG        |      |      |       |       |       |       |       |      |        |       |      |     |    |
| 177.1   |    | 10   |      | 4   | 5     | 6      | 7      | 8    | 9        | 10    | 11     | 12   | 13     | 14    | 15    | 16    | 17   | 110         | 19   | 20   | 21    | 22    | 23    | 24    | 25    | 26   | 27     | 28    | 29   | 30  | 31 |
| ITEM . Security containers have been locked and checked.  | 1  | 2    | 3    | -   | 5     | 0      | ľ      | 0    | 3        | 10    |        | 12   | 13     | 14    | 10    | 10    |      | 10          | 10   | 20   |       |       | -     |       |       |      |        |       |      |     |    |
| Desks, wastebaskets and other surfaces and receptacles are free of classified material.   |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       |      |             |      |      |       |       |       |       |       |      |        |       |      |     |    |
| . Windows and doors have been locked (where appropriate).   |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       |      |             |      |      |       |       |       |       |       |      |        |       |      |     |    |
| . Typewriter ribbons and ADP devices (e.g., disks, tapes) containing classified material have been removed and properly stored. |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       |      |             |      |      |       |       |       |       |       |      |        |       |      |     |    |
| s. Security alarm(s) and equipment have<br>been activated (where appropriate).  |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       |      |             |      |      |       |       |       |       |       |      |        |       |      |     |    |
|   |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       |      |             |      |      |       |       |       |       |       |      |        |       |      | Ţ   |    |
|   |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       |      |             |      |      |       |       |       |       |       |      | _      |       |      |     | -  |
|   |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       |      |             |      |      |       |       |       |       | -     |      |        |       |      |     | -  |
|   |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       | -    |             |      |      |       |       |       |       |       |      |        |       | -    |     |    |
|   |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       | -    |             |      |      |       |       |       |       |       | -    |        |       |      | -   | -  |
| INITIAL FOR DAILY REPORT  |    |      |      |     |       |        |        |      |          |       |        |      |        |       |       |       |      | _           |      |      |       |       |       |       |       |      | -      | -     | -    | -   | -  |
| TIME  |    |      |      |     |       |        |        |      |          |       | K.     |      |        |       |       |       |      |             |      |      |       |       |       |       |       |      |        |       |      | 701 |    |

### APPENDIX N—SECURITY CONTAINER CHECK SHEET

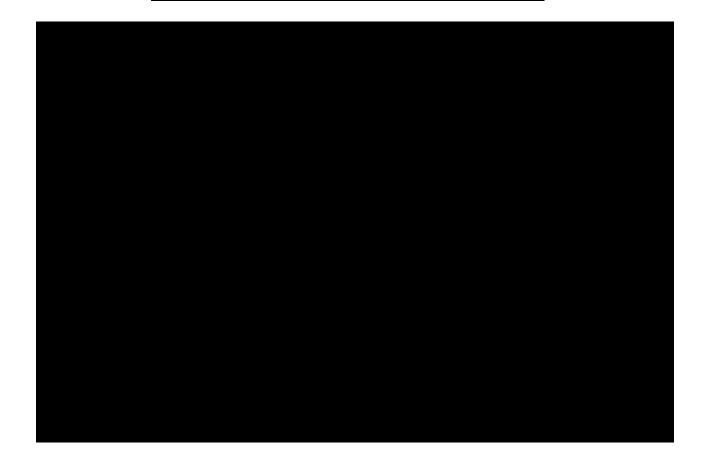
| то                 | (if required | )     |   |               | THRU (*  | required | )        |                           | FR       | OM       | ROOM           | NO.   | В     | UILDING  | -     | CONTAINE | NO.      |
|--------------------|--------------|-------|---|---------------|----------|----------|----------|---------------------------|----------|----------|----------------|---|-------|----------|-------|----------|----------|
|                    |              |       | CER   | TIFICA        | TION     |          |          |                           |          |          |                | CERT  | IFICA | TION     | _     |          | _        |
| CLC<br>IN A<br>ANL | SED OR       | NCE V | NITIALS E<br>ED THIS<br>VITH PERT<br>ISTRUCTI | ELOW<br>SECUR | THAT I I | TAINER   | ?        |                           | IN AN    | OSED OR  | CHECK<br>NCE W | NITIALS B<br>ED THIS S<br>VITH PERT<br>ISTRUCTION | SECUR | ITY CON  | TAINE | 3        | ()<br>() |
| D<br>A             | OPENE        | n av  | CLOSED  | n av          | CHECKE   | n av     | GUARD C  |                           | D        | OPENE    | n av           | CLOSED  | DV.   | CHECKE   | D BV  | GUARD (  | HECK     |
| TE                 | INITIALS     | TIME  | INITIALS                                      | TIME          | INITIALS | TIME     | INITIALS | TIME                      | Ť        | INITIALS | TIME           | INITIALS  | TIME  | INITIALS | TIME  | (if requ | TIME     |
| -                  | WHILE        | 1,000 | Militago                                      | Time          | INTIALO  | , in c   | Minco    |                           | -        | INTIACO  | Time           | MITIALS   | THE   | HITTALS  | TIME  | MITIALS  | Time     |
|                    | Epi-         |       |   |               |          |          |          |                           |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          | FOLD HERE                 |          |          |                |   | -     |          |       |          |          |
|                    |              |       | -   |               |          |          |          | ERE                       |          |          |                |   | _     | - 40     |       |          |          |
|                    |              |       |   |               |          |          |          |                           |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          | SASE                      |          |          |                | 1   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          | - 600                     |          |          |                |   |       |          |       |          |          |
|                    |              |       |   | w             |          |          |          | FOR                       |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          | REVERSE FOLD FOR FULL USE |          |          |                |   |       |          |       |          |          |
|                    |              |       | *****   |               |          |          |          | SE                        | <u> </u> |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          | OF B                      |          |          |                |   | ė.    |          |       |          |          |
| _                  |              |       |   |               |          |          |          | BOTH SIDES—FOLD           | -        |          |                |   |       |          |       | - 6"     |          |
|                    |              |       |   |               |          |          |          | IDES                      | -        |          |                |   |       |          |       |          |          |
|                    |              | -8    |   |               |          |          |          |                           |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          | D MERCE                   |          |          |                |   |       |          | a.    |          |          |
|                    |              |       |   |               |          |          |          | 7                         |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          |                           |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          |                           | -        |          |                |   |       |          |       |          |          |
| -                  | 7.34         |       |   | -             |          |          |          |                           | -        |          | -              |   | -     |          |       |          | 45       |
|                    | -            |       |   |               |          | 4        |          |                           |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          |                           |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               | 41       |          |          |                           |          |          |                |   |       |          |       |          | -        |
|                    |              |       |   |               | 4        |          |          |                           |          |          |                |   |       |          |       |          |          |
| 9                  |              |       |   |               |          |          |          |                           |          |          |                |   |       |          |       |          |          |
|                    |              |       |   |               |          |          |          | -                         |          | -        |                |   |       | -        |       |          |          |
|                    |              |       |   |               |          |          |          |                           |          |          |                |   |       |          |       |          |          |

# APPENDIX O—SECURITY CONTAINER INFORMATION

| WARNING WHEN COMBINATION ON PART 2A 15 ENCLOSED. THIS ENVELOPE MUST BE SAFEGUARDED IN ACCORDANCE WITH APPROPRIATE.  DETACH HERE | WARNING ON THIS SECURITY REQUIREMENTS.  WHEN COMBINATION ON PART 2A 15 ENCLOSED. THIS ENVELOPE MUST BE SAFEGUARDED IN ACCORDANCE WITH A 19 THE SECURITY REQUIREMENTS.  | WARNING ON PART 2A 15 ENCLOSED, THIS WHEN COMBINATION ON PART 3A 15  | TOOM TO THE SECURITY REQUIREMENTS.  WHEN COMBINATION ON PART 2A 15 ENCLOSED. THIS WHEN THE SECURITY REQUIREMENTS.  | 59              | COMBINATION | and the second s | the contract (man) (man) and on the contract of the contract o |      | to the state of th | WARNING | THIS COPY DONTAINS CLASSIFIED INFORMATION WHEN<br>COMBINATION IS ENTERED. | UNCLASSIFIED UPON CHANGE OF COMBINATION | NSERT IN SF 700 (8-85) |
|---|--|--|--|-----------------|-------------|--|--|------|--|---------|---|---|------------------------|
| WARH COMBINATION ON PART 2A 15 ENCLOSED, THIS ENVELOPE MUST BE SAFEGUARDED IN ACCOROANCE WITH APPROPRIATE,                      | TOWER TOWERNATION ON PART 2 A 15 ENCLOSED. THIS WHEN COMBINATION ON PART 2 A 15 ENCLOSED. | TOWER WITH BE SECURITY REQUIREMENTS.  WARNELOPE MUST BE SAFEGUARDED IN ACCORDANCE WITH A SAFEGUARDED WITH A SAFEGUARD WIT | ANTA ON PORT  IF BUTCH ON PORT  IF BUTCH ON OFFICE IT IN THE BUTCH OF STANDARD ON PART 2A IS ENCLOSED. THIS WHICH COMBINATION ON PART 3A IS ENCLOSED. THE SA IS ENCLOSED. THIS WHICH COMBINATION ON PART 3A IS ENCLOSED. THE SA IS ENCLOS | CONTUNER HUMBER |             |  |  |      |  |         | THIS COPY CONTAINS CLAS<br>COMBINATION IS ENTERED                         | UNCLASSIFIED U                          | 24                     |
|   | 1 00041<br>1 00041<br>1 00041<br>1 00041   | ANAICH, BECTON ON CATACE) & CONT.  7. MING & TYPE LOCK PONTER  10. MING SON AND UNMERCED  CONTRACT  CONTRA | AREA ON PORT (IT INCHESTOR BY BECTON ON CONTAINED BALANCH, BECTON ON CONTAINED BALANCH, BECTON ON CONTAINED BALANCH BOTH BALANCH BALAN | s               | SIHT .Q3    | истоз  | 3 SI Y   | : 11 | WA.  | 34 T2U  | M Id  | MAETO                                   | •                      |

Figure 9.10. - Security Container Information, Standard Form 700.





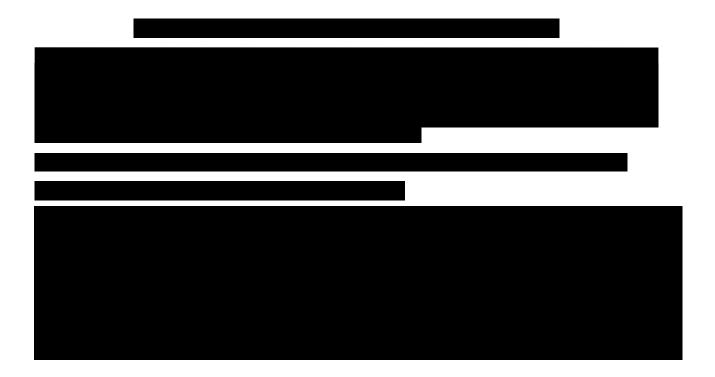












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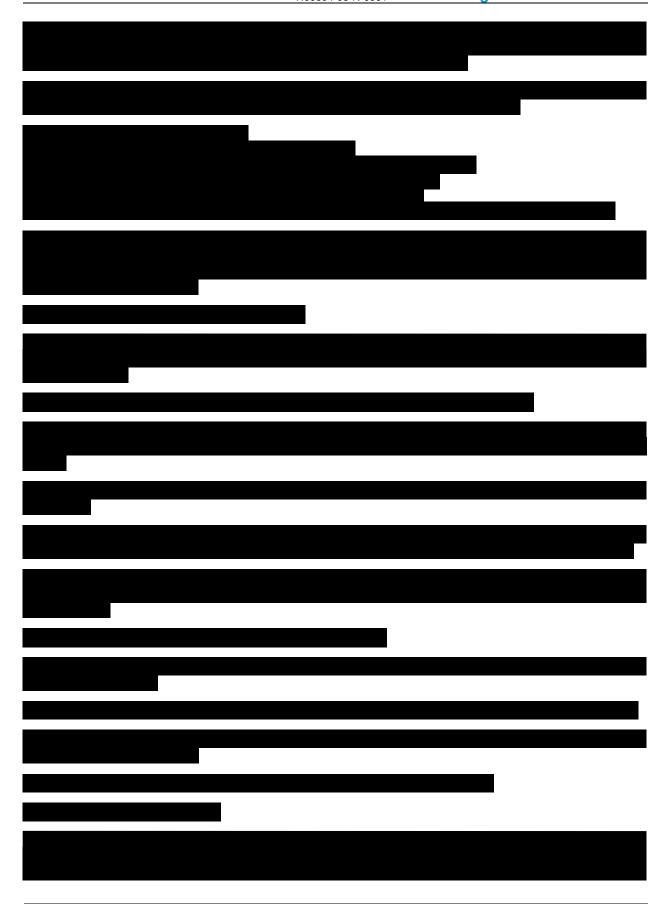


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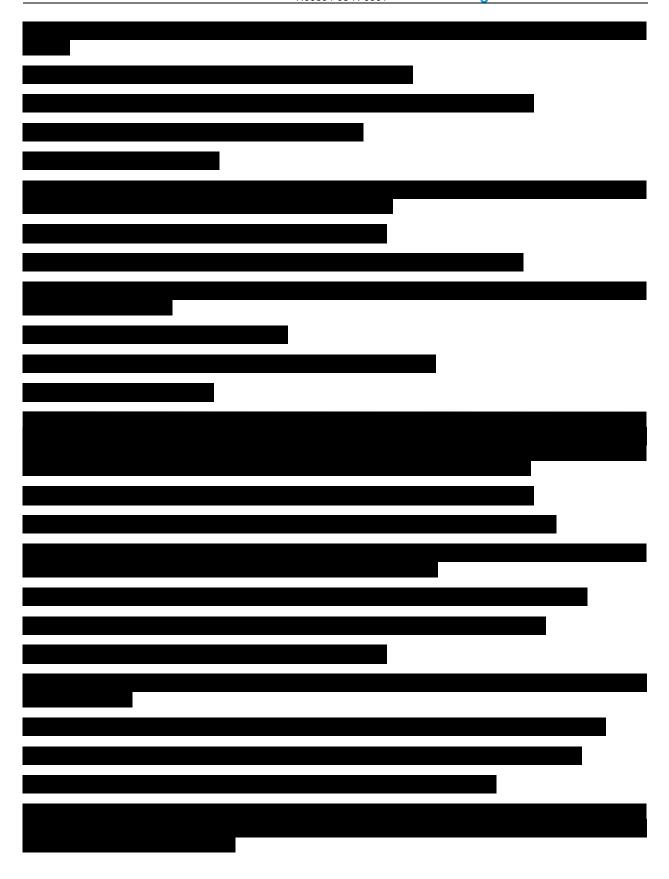




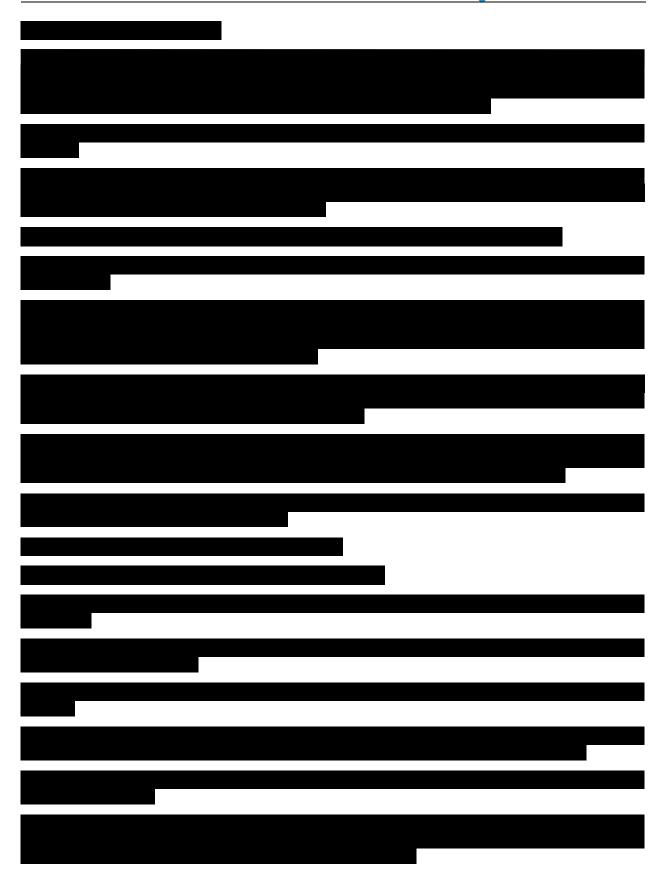


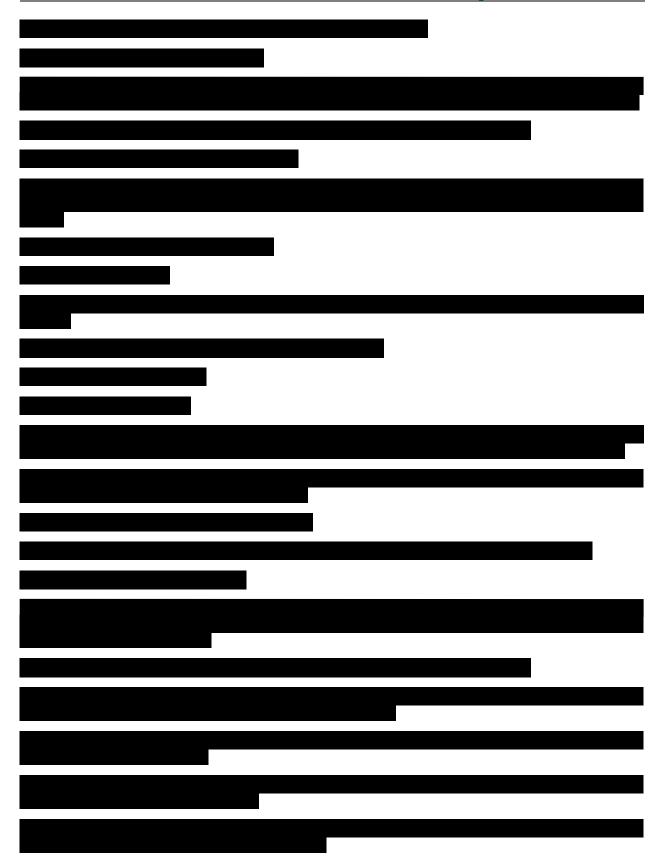




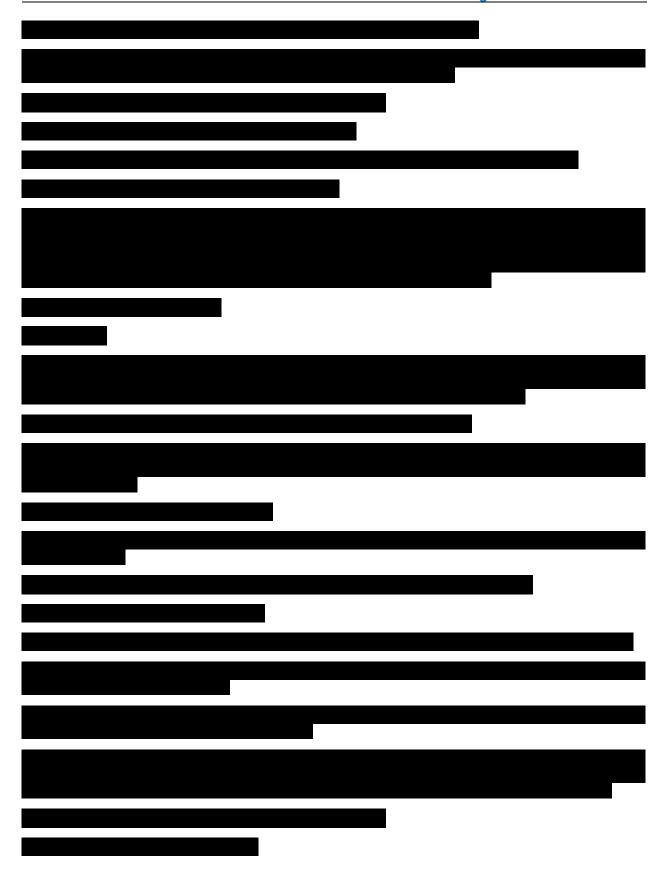




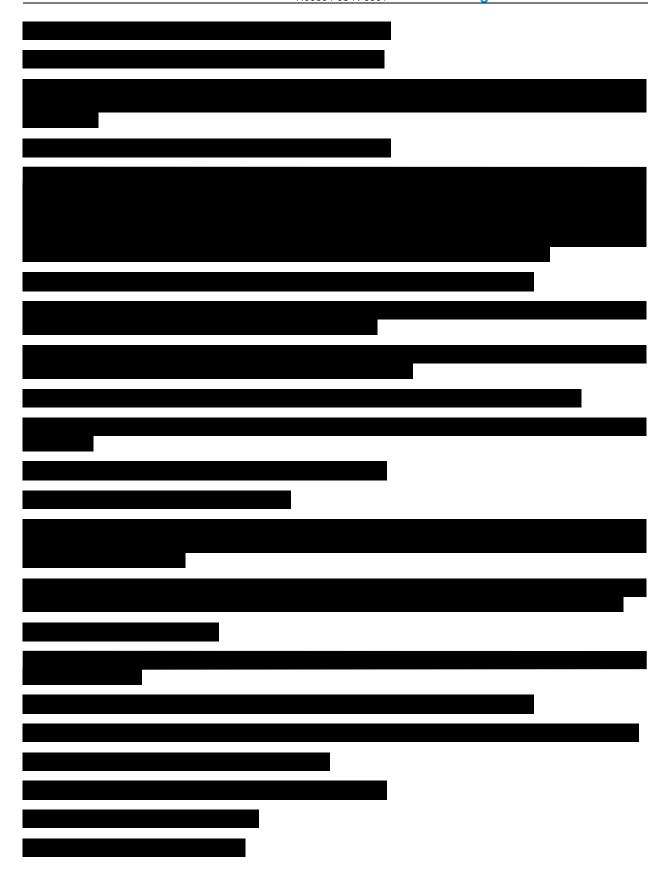










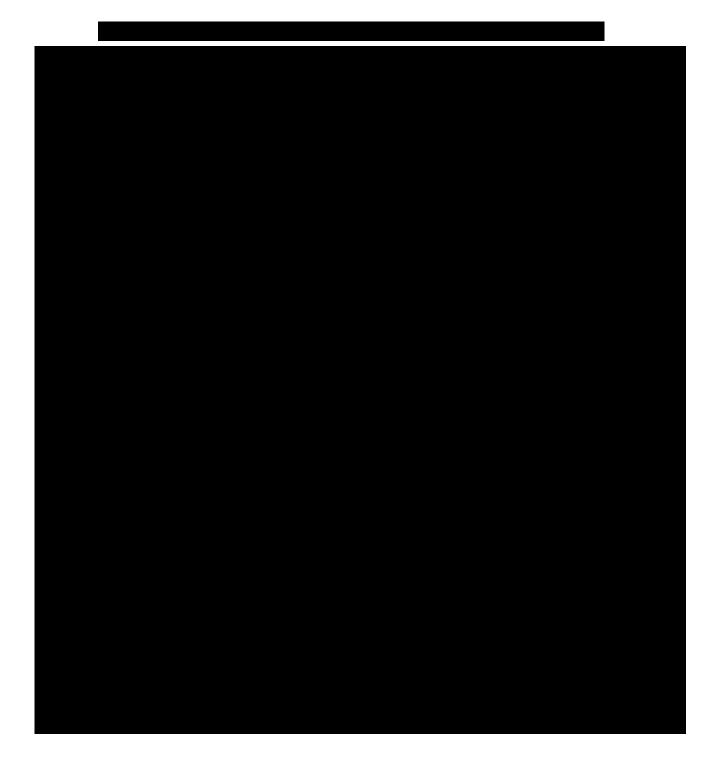




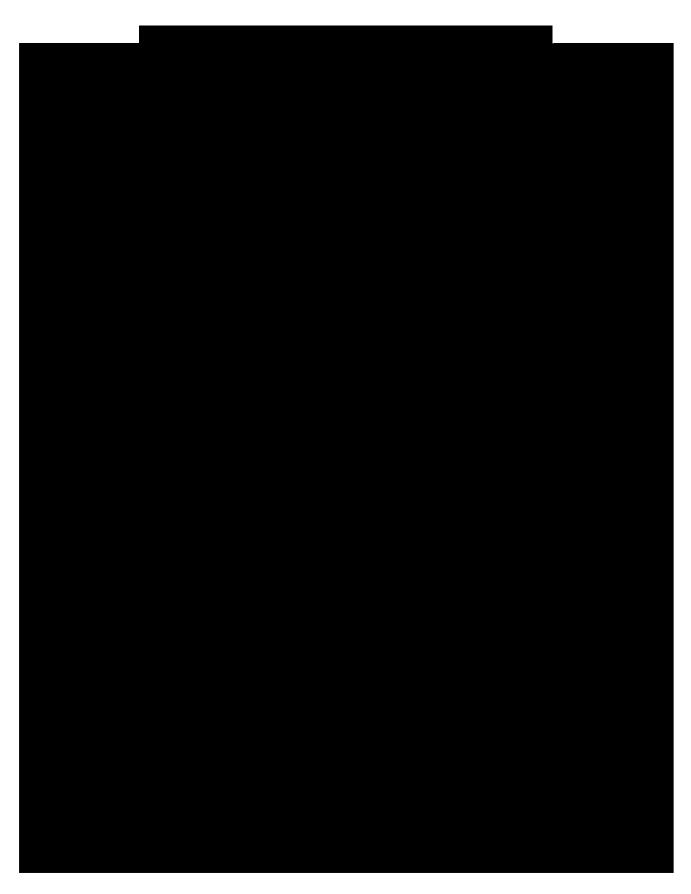


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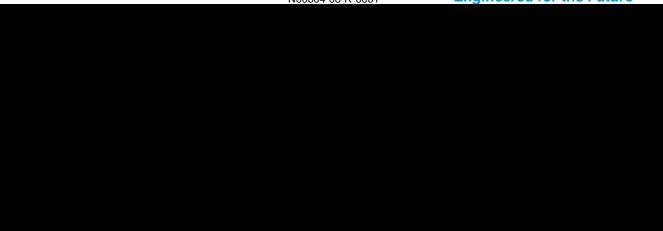






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